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Body Image: Capacity and Strength in Midlife Women

by

Barbara Tracy Whetstone

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of Master of Science

Centre for Health Promotion Studies

Edmonton, Alberta

Spring, 2001

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Abstract

The purpose of this grounded theory study was to explore how midlife women interpret body image and to identify the capacity they have to maintain positive feelings about their bodies. Twenty four midlife women were interviewed twice using a semi-structured interview guide. Findings suggest that midlife women have changeable relationships with their bodies throughout the course of their lives and most significant for health promotion is that this relationship improves in midlife for some women. Self care behaviors such as grooming and exercise enhance women's positive feelings toward their bodies and the body becomes less important for those women who in midlife begin to appreciate and value other aspects of their lives.

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Chapter 1

Introduction

Canada's population is aging. People between the ages of 45-60 comprise 14 % of the population and these numbers will increase as more baby boomers reach midlife. Of these, 63 % are women (Statistics Canada, 1996 census data). People in midlife have witnessed tremendous growth in the wellness movement evidenced by the proliferation of health clubs, weight loss programs and self-help books on diet and exercise. For women, the media, fashion, health, and fitness industries perpetuate the cultural expectation for all women to be slim and fit (Williams & Germov, 1999).

The wellness movement is rooted in the concept of personal control over health and has positive consequences when individuals make changes improving their well being (Brownell, 1991). Yet, health messages advocating self-control as key to achieving ideals of slimness and beauty are based on the underlying false assumption that all bodies are malleable and everyone can achieve these ideals. Many women face an uphill battle with their bodies and gain weight with age. Many women continue to diet throughout their lives in spite of research showing little difference between food choices and other health behaviors for obese and non-obese people (Maine, 2000). There is a strong societal message that slim is good and people failing to meet societal standards are often described as lazy and lacking in control (Brownell, 1991).

Understanding the determinants of health guides health promotion practice. Structural factors such as cultural norms and values have an influence

on and can determine, to some extent, the health of a population. At the same time, individuals possess personal coping skills and engage in health practices that mediate these structural influences. Because personal health practices and coping skills can influence women's health in a positive direction, exploring how women currently draw on individual capacity to deal with societal pressure to have the 'perfect' body at any age, has implications for programs designed to assist women with accepting their bodies.

Theorists such as Fredrickson and Roberts (1997) suggest that living in a culture that treats the body as an object to be scrutinized and controlled results in serious mental health problems such anxiety, depression, sexual dissatisfaction and dysfunction, eating disorders and quality of life issues for women who feel ashamed and blame themselves for not 'measuring-up.' Young women, who have been studied extensively, experience some of these effects (Thompson, Heinberg, Altabe & Tantlieff-Dunn, 1999) but little is known about how these cultural factors affect the body image and mental health of midlife women.

Midlife is a time when health is in transition and theorists such as Gergen (1990) suggest that mental well being declines once women's biological usefulness has passed. On the other hand, feminist researchers challenge the view that menopause is a psychologically traumatic time (Neugarten, 1964, Levinson, 1996, Cohler & Galatzer-Levy, 1990) suggesting that middle age can in fact be the prime of life.

This study seeks to increase understanding of women's body image in midlife. Specifically, it explores body image from a perspective of health in order

to identify the capacity women have and the strategies they use to maintain a more positive body image in a culture that reveres youth and beauty.

Findings from this study will provide useful underpinning for health professionals working in women's health. Health and illness are experienced through the body and expressed as part of body image. Programs and strategies designed to enhance midlife women's health should be grounded in an understanding of how they interpret their body image in western culture.

This thesis is organized in five chapters. Chapter two reviews literature on women's midlife development, current research on body image for this age group, the socio-cultural context of body image and definitions of body image. Chapter three describes methods used in conducting this research and results and interpretation follow in Chapter four. Chapter five presents conclusions and recommendations for research and health promotion practice.

Chapter 2

Literature Review

This chapter provides context for the study by reviewing research relevant to body image in midlife women. Some of the studies and commentaries cited are included here because they have implications for midlife women in terms of their health and body image and because they focus on that particular age cohort. Others are included because they have captured the cachet of positive body image from an extensive literature focusing on the unfortunate but normative (at least in young women) nature of negative body image. Still others are cited to provide a backdrop for the experience of living as a woman in our culture.

Midlife Women

Jimi Hendrix (1968), asked teenagers in a popular song in the sixties, "are you experienced?" Those teenagers, having varying degrees of life experience at the time, probably wanted to lay claim to worldliness but would have had difficulty convincing their middle aged parents that, yes, they were experienced. Now, forty years later, these same people can legitimately claim a good measure of life experience. They have arrived at midlife having been to many places along the way and when they reflect on their lives, they know they have already lived at least as much of their life as they can look forward to living in the future. This understanding of mortality or the certainty of death is felt strongly in midlife (Neugarten, 1964 & Levinson, 1996). If living is, as Levinson (1996) claims, "the engagement of a person in the world" (p.3) then the current North American

cohort of midlife women have been engaged with the world for between forty five and sixty years. Many influences and experiences led them to this point in their lives and it becomes impossible to discuss midlife as discrete and disconnected from the rest of one's life. Rather, midlife is part of the ongoing process of living. In this sense, a midlife woman's life trajectory is influenced as much by her past as by her future. While the future is unknown, anticipated and unpredictable events will occur in the balance of her remaining years. Her life trajectory becomes simultaneously continuous and discontinuous in midlife (Neugarten, 1964).

Theories of development acknowledge the ideas of continuity and discontinuity in adult lives (Neugarten, 1964). For example, the life course perspective described by Cohler, Pickett & Cook (1996) presumes an open system recognizing that social and historical processes as well as expectable and eruptive life changes shape individual lives over time. Levinson (1996) also describes patterns of life based on periods of stability and change. The following excerpts from literature, developmental theories and scientific research describe some of the dynamic transformations comprising part of the midlife experience for women.

Change in self and in relationships

Novelists Wilson (cited in Heilburn, 1984) and Wolfe (1925), describe transformation in midlife women's sense of themselves. Wilson describes Mrs. Eliot's realization in midlife that she lived through her husband prior to his death. She describes the nature of their relationship:

"they had set out together to climb somewhere; but she had been only a rope, not a guide, for she had never known their destination or asked it, only judged its approach by his look of certainty, reading his face for portents of success or failure" (p. 103).

The secondary role Mrs. Eliot took in her marriage allowed her husband to set the direction for her life. Now at 57, and realizing that her husband shaped the early years of her life, Mrs. Eliot must make her own decisions.

Virginia Wolfe's (1925) also describes the transformation of Mrs. Dalloway, a 50 year old woman whose sense of herself is defined by others. In the novel, Mrs. Dalloway becomes known as Clarissa as she begins to develop an identity separate from her husband and the social position marriage afforded her. She no longer thinks of herself as Mrs. Dalloway and instead becomes simply Clarissa.

Neugarten's (1964) research into human aging supports these literary descriptions of personality change or discovery in midlife women. Neugarten and Gutman (1964) describe increased "assertiveness" (p.76) and Hucyk (1996) shows that relationships are affected by women's emerging assertiveness where there is open conflict in homes where grown-up children leave and midlife women insist on renegotiation of the marriage changing from a patriarchal organization to a partnership or matriarchy. For some couples, Hucyk found dissolution of the marriage was the only satisfactory outcome.

Levinson (1996) describes a process of individuation for midlife women. Interviewing 45 women (careerists and homemakers) he found that they formed

a different and stronger sense of themselves and questioned deprivations they had experienced in the course of their lives. They could not continue to accept past constraints and sought satisfying relationships in all aspects of their lives including with "individuals, groups, institutions and in their work" (p192).

The significance of the quality of relationships is echoed by Edelstein (1999) who describes women relinquishing old ways of relating and developing new and better ways of being with others. These women develop a "healthy narcissism" in becoming more authentic by "reconnecting with themselves" (Edelstein, 1999, p.112). Cohler and Galatzer – Levy (1990) found that maturing women attend more to themselves and are less controlled by others' demands and expectations becoming less interested in relationships that are obligatory rather than reciprocal. This change away from living through others, toward a sense of individuation, assertiveness, entitlement and healthy narcissism may have repercussions for midlife women in other areas of their lives (Neugarten, 1964, Levinson, 1996, Edelstein, 1999).

Change in marital status

As was mentioned earlier, perhaps due to minimal parenting responsibilities and Edelstein's sense of entitlement or Levinson's description of individuation, some women divorce at midlife. Of the 15 women Levinson interviewed, six were divorced. Mature marriages dissolve just as young marriages do and some previously married midlife women find themselves single again. Divorce is a major life event and represents discontinuity from a previous

way of life. For other women who have never married, continuity prevails if they remain single in midlife.

Unexpected widowhood is another discontinuity possible in midlife. Bee (1992) explains that women assume their spouse will die later in life making early widowhood unscheduled and off time or unanticipated. Pearlin (1982), suggests that people cope better with life changes when they come at anticipated and expected times. Thus the sense of life discontinuity for midlife widows may be stronger than for older women who see widowhood as a normative life transition.

Change in appearance

During midlife, normal physical changes are often viewed as losses rather than gains. For example, young people increase in height and weight each year, while in midlife, adults lose a total of two to four centimeters in height between the ages of 40 – 80 years. Fat deposits shift to the mid torso, upper arms and buttocks making some women appear heavier than they are (Bee 1992). Wrinkles with thinning, graying hair add to appearance change occurring in midlife.

Changing body

The medical model views menopause as a time of loss of physiological function as the following medical description provided by Levinthal (1994) attests. Prior to menopause, the production of sex hormones is controlled by a negative feedback loop between the brain and the gonads. Hormones such as luteininzing hormone (LH) and follicular stimulating hormone (FSH) are secreted by the anterior pituitary and regulate the ripening of ova and the production of

estrogen and progesterone. Follicles capable of synthesizing estrogen and progesterone and producing mature ovum decline in number so that these hormones decline as women age. As circulating estrogen diminishes, women experience the effects of hormonal deficiency, including atrophy of the breasts and genitalia and vasomotor instability. This reduction in estrogen and progesterone results in menopause or the cessation of menstruation. After menopause, diseases such as stroke, coronary artery disease and osteoporosis become more common. Because estrogen protects against cardiovascular disease, women do not catch-up to men in vascular related illness until they are 65 or 75. With osteoporosis, fractures of the vertebrae can occur decreasing chest capacity and therefore pulmonary function. In older people, pulmonary aging may have even more impact than cardiac aging on exercise tolerance and response to stress (Levinthal, 1994, p16).

Menopause from a woman's health perspective

On the other hand, menopause from a women's health perspective, is not seen as a hormone deficiency disease. Instead, Webster & Lipitz (1986) suggest that it is integrated into one's life as a normal developmental phase. Perimenopause, the transition time before cessation of menses, is approximately four years (McKinley, Brambilla & Posner, 1992) and during this period, women experience not only the physical changes described by the medical model but also social, emotional, mental, vocational, spiritual and life cycle changes (Cross & Lovett, 1944). Bernhard (1997) cites five stages including: "recognizing change, experiencing changes, making connections, seeking equilibrium and

closing my cycle"(p. 79). The context of a woman's life is very important from this perspective on menopause that views it as a natural developmental phase varying on these dimensions" (Bernhard, 1977).

What is Body Image?

In 1988, Slade defined body image as: "the picture we have in our minds of the size, shape and form of our bodies; and our feelings concerning these characteristics and our constituent body parts. Perceptual, attitudinal, cognitive and affective components comprise body image" (p. 497). In 1994 he revised this definition, believing that studying the perceptual component reinforces the idea that body image is primarily a perceptual phenomenon. Slade now sees body image as "a loose representation of the body's shape, form and size ... influenced by a variety of historical, cultural, social, individual and biologic factors operating over varying life spans " (p.502). He believes that being loosely bound, body image is "uncertain, unstable and weak," particularly for those with eating disorders (p. 499). Using the term "body image band, " Slade evokes an image of its elasticity suggesting that its "width varies according to the past experience of the individual, the influence of social and cultural norms and a variety of individual factors" (p 500).

Another researcher, Max Van Manen (1998) takes a broad phenomenological view of the body and body image in illness and health describing several modalities of body experience. He points out that body experience is relational in nature, and claims that body image is inseparable from the self and one's lived experiences. He says, "I am the person who is this body"

(p. 23). Van Manen describes the body-self relationship as the "materiality through which we incarnate our understandings, moods, fears anxieties, loves and desires" suggesting that "body and mind should be viewed as complex aspects of the indivisible being of the person as [she] exists in [her] world" (p.15). This view is similar to Slade's in that both acknowledge body image development within the context of living. Levinson describes life as engagement with the world and both Slade and Van Manen suggest that the nature of that engagement shapes body image. Slade counsels researchers and clinicians to consider this complexity when planning studies and interventions. Further discussion of some of Van Manen's modalities of body experience follows.

According to Van Manen, 'self-forgetfulness' is the most common manner in which people experience their bodies. When we are engaged with the world, "our primary occupation is in the world and with the world" (p.11), and we do not think about our bodies. For Van Manen, connection with the world is possible because of the easy relationship between the body and self in a state of well being. He suggests that health care (in the sense of caring for others) ought to be framed within the context of "reuniting the patient into a livable relation with his or her body" (p. 9) and describes 'dis-ease' simply as uneasiness with one's body. The relational nature of the self and the body is central to Van Manen's understanding of the embodied self. He uses the exemplar of illness to demonstrate how the relationship between the body and self changes how we live in the world. He believes that illness changes our sense of time, our priorities, how we experience space, our relations with others and our sense of

self suggesting that when wellness is disturbed, it becomes impossible to live in a "self-forgetful, passed-over relation to the body and to all other dimensions of [the] world" (p.12).

The inability to forget one's body, as occurs for anorexic people, leaves them living in a world revolving almost exclusively around their bodies. Self – forgetfulness is impossible and in this sense, their bodies become objects where the "unity of existence with the world is broken" (Van Manen, 1988, p.12). The body as "object" is key to Van Manen's description of how we experience our bodies. When the body becomes an object for one's own scrutiny and when others view our bodies and we are aware that we are being examined and studied, we are unable to forget our bodies. Van Manen suggests that the moment when our wellness is disturbed that we discover our own body and the body reflects on itself as a body, we become encumbered.

The impossibility of a perpetually seamless relationship between the body and self emerges in both Van Manen and Slade's writing about body image. The elastic nature of body image is suggested by Slade's description of the "body image band" and Van Manen refers to the transitory nature of positive body image saying, "it is unlikely that anyone can ever appreciate in a totally positive and permanent manner every aspect of his or her physical existence... likely we must constantly be reflectively engaged in questioning how to live in contextually appropriate relations with the body" (p23).

Sociocultural Context of Body Image

If persons are viewed as developing within socially constructed transitions where self-concept and self- perception reflect the society and the time within which they live (Wolzon, 1998), it is important to consider the influence of culture and history on body image. The following commentaries and studies critique the values and norms of modern society of which western women are a part.

Women's health

In the past, western medical research did not make a distinction between men and women's health. Gender was not considered when studies were conducted and findings about men were generalized to women. Consideration was not given to differences in terms of biology, life experience and differing health concerns. Cohen (1988), suggests that gender is a determinant of health and describes health as a continuum extending throughout the lifecycle. Women's health is critically and intimately related to the conditions under which they live and depends on interactions between individual biology, health behavior and the historical, economic and socio-political context of women's lives.

Men and women gain from considering determinants of health extending beyond biology and health care. Broader determinants such as early childhood development, level of education, economic status, housing, environment, genetic endowment, and having a sense of control over one's life are now understood to powerfully impact the health of populations. Further to understanding that health is situated within the context of people's lives the following literature considers societal attitudes capable of influencing body image.

Personal control and responsibility for health

Brownell (1991) believes that western society is obsessed with the notion of personal control over health. Glassner (1988), writes that a poll found 93% of people surveyed agreed that it they took the right actions, they could stay healthy. Proliferating health clubs, increases in dieting and consumption of low fat foods are cited by Brownell (1991) as manifesting this obsession. Judgmental attitudes are inherent in some health promotion messages because individuals who fail to take advantage of health enhancing opportunities are sometimes judged to have moral or personal failings. Brownell (1991), claims that:

> "self management, hard work, delay of gratification, and impulse control are qualities projected on people with the right body. People with the wrong bodies, those overweight and unfit are thought to be indulgent, lazy and lacking in control" (p. 304).

Rules of health are dichotomous (Brownell, 1991), with behavior being either beneficial or hazardous, good or bad. For example, " bacon is bad, broccoli is good; watching TV is bad, jogging is good" and so on (p. 306). More and more, individuals attempt to live by the "good" versus the "bad" rules of health and those that manage, are imbued with personal characteristics verging on the divine.

The term "victim blaming," originally coined by Ryan (1988), is an unfortunate outcome of health initiatives that focus strictly on changing individual health behavior. Individual liability for ill health does not give the broad and more powerful determinants of health such as socioeconomic status, genetic

endowment, personal coping skills, employment, social support and so on, their due. Nor does victim blaming strengthen the capacity of society to support and strengthen population health. Becker (1986) suggests that vending machines dispensing junk food found in offices, schools and other public buildings along with an urban pace of life requiring fast food for supper and the impossibility of living without a vehicle are examples where focusing on individual responsibility diverts attention away from social and environmental factors influencing health. The paradox of controlling our health lies in the fact that while we believe we are responsible for and can control our health, we are also aware that there are uncontrollable and unpredictable forces affecting it (Brownell, 1991). Currently, society tends to look to the individual to sort out his or her own health issues while ignoring the larger barriers that make that "sorting out" if not impossible, then very difficult.

Leibel & Hirsch (1984), report that the study of genetics suggest that biological factors are instrumental in determining body weight and shape and are in opposition to the belief that we have individual control over health and body size and idealized notions of body size tend to belie the biologic and genetic diversity of people. Brownell believes that dieting is an area where "cultural pressure collides with biological reality" (p.308) and yet, we still tend to believe that the body is infinitely malleable.

Personal control over aging

That it is a personal responsibility to control health and aging is a societal message heard and understood throughout our lives. Health messages for

midlife women are based on whatever model of menopause is tony at a given point in time. In the seventies, the depressed menopausal women was common and pharmaceutical companies used images of sad looking women to sell various anti-depressant products in medical magazines (Kaufert and Lock, 1997). The current image found in advertisements is that of a smiling, vivacious, young looking older woman who " exercises, plays with grandchildren, and lunches with friends, while she keeps a job. She is glowingly fit with well-maintained teeth, hair and skin" (Kaufert and Lock, 1997, p. 84). In the medical model, menopausal women are presented "in terms of their relative risk for different diseases" (p. 84) and the potential economic drain to society that these diseases pose. Choice and control over the direction aging takes is offered to midlife women through the use of hormone replacement therapy and the message is clear: since hormone replacement prevents osteoporosis, heart disease, and may be protective against Alzheimer's Disease, it is an offer most women cannot refuse. Women who do not accept what is offered are given the message that their bodies will deteriorate and that given the choices she has, how could she allow this to happen? There is little tolerance for anyone swimming against the current. Virtuous women choose health.

The stigma of obesity

Researchers (Anderson, 1985; Freedman, 1986), point out that people experience discrimination and social isolation in western society because of obesity. Societal attitudes reflect the pervasive view that obese people bring the condition on themselves through overeating and are therefore less worthy of

respect from others (Fallon, 1994). Health professionals, influenced by the society they live in, are not exempt from attitudes that chastise and stigmatize obese people. According to Maddox and Lieberman (1969), physicians have been known to describe obese patients as "ugly and weak willed" (p.218) and the stigma of obesity is so pervasive that "obese individuals are considered even more deviant than people with physical deformities" (Richardson, Goodman, History & Dorbush, 1961).

History, culture and cohorts

Persons born at the same time experience similar historical events and societal trends. For example, there is an adage referring to people who lived through the sixties. It goes: if you remember the sixties, you weren't really there. The implication is that participation in the drug culture precludes remembering being part of that culture. This idea, of people experiencing history together (or forgetting it together) is captured in the notion of cohort. Cohler, Pickett & Cook (1996) describe a cohort as a group with understandings of self and others with experience shaped by particular historical events and with the timing of expectable and eruptive life changes determine individual life circumstances and morale. The cohort of midlife women living now have birth dates between 1940 and 1955.

Media influences on body image

Goodman (1996) claims that the current group of midlife women grew up in a time when media became a significant influence in people's lives. Goodman examined "how women of different ages perceive themselves in relation to social

biases for youthfulness and beauty and determined how the expediency of cosmetic surgery in American culture impacts the individual and the collective psychosocial development of women. Women in the sample ranged in age from 29 to 79 years with a mean age of 50 and interview items probed the trajectory of the subject's relationships with their body over the course of their life. Media influences were categorized according to the year the women were born.

Current midlife women (those born between 1940 and 1955) span two of the cohort groupings that Goodman identified. Women born prior to1938 were not exposed to television as a mass medium and for this cohort Dyer (1987), claims the popular female image was an "attractive and perfectly groomed sexual non-being" and prior to 1939, women were socialized for motherhood with young women remaining "divinely untouchable"(p.59).

In 1939, the year before the first women were born in the current midlife cohort, television became popular. Liz Taylor, Marilyn Monroe, and Jane Mansfield were the faces and bodies commonly seen in movies by girls born between 1939 and 1951. Goodman (1996), calls this group the "Winsome Wives" because television and movie plots were developed around "snagging a man" in a "toil free, utopian ...magical picture of marriage" (p.60) in shows such as " I Dream of Jeannie" and " Bewitched". Ewan (1988), claims that this cohort of women and those born later developed "new heights of self-consciousness over their appearance" and during this time, they were encouraged to "emulate the fabricated perfection of air brushed Breck girls with Ivory complexions and Coke bottle figures" (p. 60).

The next wave of the type cast woman was the "Career Girl" spanning the years 1952 to 1962. This group captures the remaining midlife women born up to 1955. These television role models were beautiful career women. Examples include female detectives (Charlie's Angels), gorgeous lawyers (Hill Street Blues), and 'jiggly' career-minded roommates (Three's Company).

Overall, Goodman (1996) found media-images since 1940 have created cohort differences in the way American women perceive themselves and their bodies and that positive body image and subsequent self worth have progressively decreased with younger cohorts because film, television and advertising pre-empt female body parts for commercial exploitation and the steady growth of cosmetic surgery stems from media idealization of women.

Body Image of Midlife Women

There are a limited number of studies on body image and midlife women. The studies that follow, link body image of older women with variables such as sexuality, weight concern, and self –esteem.

Fooken (1994), examined the impact of health and body image on sexuality. Fooken interviewed 60 West German women about their psychosocial development within the context of their life histories. The women ranged in age from 50 to 79 years. Each woman rated her health status as being either very good (12%), satisfactory (68%), or poor (20 %). Body image became an important correlate when other health correlates (physical complaints and health as a dominant concern) proved insignificant in terms of the women's sexuality. Body image was assessed by asking the women if they were comfortable with

their naked, aging bodies. Of the total group, 53% had an open and accepting attitude toward their bodies while the remainder felt nakedness was a taboo subject. Bivariate analysis of the responses showed that women who were more positive about their bodies were younger (age range for entire study was 50 to 79 years), of higher socioeconomic status and had a higher level of education. They had been either single children or were the eldest children in families that tended toward tolerance for psychosexual and body development. These women attributed high significance to menopause and actively coped with its associated changes. Sexuality had always been an important component of their lives and they were less concerned with growing older and had a higher degree of life satisfaction than the group of less positive women.

In contrast to the positive attitudes these women had toward their bodies, 70% of another group of women studied by Allaz, Bernstein, Rougel, Archinard & Morabia (1998), claimed they wanted to lose weight. Seventy three percent of these women (mean age was 54) were already of normal weight. Older women in this study were distinct from younger women in that their level of dissatisfaction with weight was smaller than for the younger women. The authors suggest that these women have a more realistic attitude toward body weight, or have experienced less pressure to be thin.

Another study points out differences in body image between younger and older women. Australian researchers Stevens and Tiggeman (1998) asked 180 women between the ages of 18 to 59 to rate their own figure size after selecting a preferred body figure from silhouette drawings. The researchers found that

while the degree of body dissatisfaction did not vary with age, women over 30 years old rated their ideal figure as significantly larger than the one perceived as most attractive to men. This was not the case for younger women, where no difference was found in their choice of ideal and attractive figures. Stevens and Tiggeman suggest that while " younger women aspire to ideals congruent with their perceptions of male preferences, older women may aim for an ideal that is significantly larger than what they think men find more attractive" (p. 100). These findings paint a picture of differing body preferences across the life span for women.

In a different study, Tiggeman and Stevens (1999) found a positive correlation between weight concern and self esteem in middle aged women. They suggest that different factors and processes may operate for women in different age groups speculating that while weight concern is an issue, it could be one of a number of issues including feminist ideology and global self-esteem that are significant in terms of women's self-concept. Tiggeman and Stevens suggest that while "weight concern remains relatively high for women across the life span, the meaning of weight and appearance changes with age in the context of life events, goals, and transitions."(p. 103). Further research to examine the factors and experiences of specific age cohorts is suggested.

These studies support the idea that body image may be interpreted differently by different age groups of women. For instance, the normalization of body dissatisfaction for college age women cannot necessarily be generalized to older women. Tiggeman & Stevens suggest that "age is not an irrelevant

variable" and that there is a "clear need for further investigation of the experiences of older women outside the university sector" (p101).

Purpose of the Study

A review of the literature shows that previous studies call for research in to body image in midlife. Also, research on aspects of health related to body image has not been done for any age group. The purpose of this study is to explore how women interpret their body image in midlife and to identify some of the strategies they use to maintain and strengthen their body image.

Chapter 3

Methods

As the previous literature review shows, little is known about body image in midlife women and researchers such as Paquette (1999) and Tiggeman & Stevens (1998), point out that further study is required because of these gaps in knowledge. When a literature search uncovers little about a topic, a qualitative approach to the phenomonon, which is descriptive, inductive and directed toward bringing knowledge into view, is appropriate (Morse & Field, 1995). Qualitative research is exploratory and is particularly useful when the variables and theory base of a phenomenon are unknown (Creswell, 1998).

As Morse and Field (1995) have noted, qualitative research strategies are primarily concerned with meaning and take a holistic stance seeking the emic or participant's perspective (Morse and Field, 1995). The purpose of this study is to explore how women interpret their body image in midlife and to identify some of the strategies they use to maintain and strengthen their body image.

Grounded Theory

Grounded theory originates from the discipline of sociology and is used to develop a theory closely related to the context of the phenomenon under study (Creswell, 1994). Strauss and Corbin (1995) describe theory as a believable relationship among concepts and sets of concepts. The goal of grounded theory is to produce research that is of "value to professional and lay audiences and to develop solid theory that fits with reality " (Morse & Field, 1995, p.157). Understanding how women interpret their body image in midlife and the

strategies they use to enhance and maintain it will be useful for health professionals who design health promotion interventions intended to assist women with becoming more comfortable with their bodies.

Grounded theory fits well with research into personal health practices within the context of society because the generation of theory for human behavior is its primary purpose. Also, its theoretical base is symbolic interactionism, stressing that people's behavior develops through "negotiation and renegotiation with others and the symbols around them " (Morse & Field, 1995, p. 27);thus, this method considers the context of women's experience.

Overview of the Study

This study is part of a much larger study examining sociocultural influences on body image in women between the ages of 20 to 60. For the purposes of this study, twenty-four women ranging in age from 44 to 61 years were interviewed for 1-1 ½ hours twice using a semi-structured interview guide focusing on past and present body image. The roles women participate in their lives and the social, cultural and psychological sources of influence on their body image were explored. The women's narratives provided insight into how midlife women think about their body image and the strategies they use to maintain, enhance or establish a satisfactory relationship with their bodies.

Sample Selection

The primary sample selection criterion was age. All women selected were in midlife as defined by Fogel and Woods (1995), and thus ranged in age between 44 and 61 years. Once women were identified as in midlife, purposive

sampling (Creswell, 1998) was used to recruit women representing a range in socioeconomic status, occupation, roles, body type and satisfaction with their body. Participants were further chosen using theoretical sampling (Morse and Field, 1995) when analysis uncovered the need for more and different data. This occurred when more women with positive feelings about their bodies and when more older women were required. Sample size adequacy was determined by saturation of categories (Creswell, 1998). Theoretical saturation is reached when (1) no new or relevant information emerges (2) category development is dense; and (3) relationships between categories are well established and validated (Strauss and Corbin, 1995). The final sample comprised 24 midlife women.

Recruitment

Study participants were recruited from various public, private and government centers in Edmonton and surrounding areas. Pamphlets and posters were left at medical and mammography clinics, fitness centers, parenting classes for low-income women, the Newcomer's Club, and a government office employing large numbers of women (Appendix A). Snowball sampling (Morse & Field, 1995) occurred when women responded favorably to participating and recommended friends to the researchers. After initial analysis, purposeful recruitment of younger women and women with positive feelings about their bodies was undertaken to ensure theoretical saturation. Also, women who were heavy but felt generally positive about their bodies were sought without success (Appendix B). Theoretical saturation is reached when (1) no new or relevant information emerges (2) category development is dense; and (3) relationships

between categories are well established and validated (Strauss and Corbin, 1995).

Screening

Women were screened for eligibility when they telephoned the research office (Appendix C). Exclusion criteria included women with serious medical conditions and those who were pregnant or had a child less than one year of age as well as women with eating disorders. Some women interested in participating were coming to terms with altered body image due to severe physical disability. These women were not included because more normative experiences for women and body image were being sought. An explanation for inclusion or exclusion was given to all who called and each woman was thanked for her interest in the study. The names of excluded women were retained for future initiatives. Research expectations for participants were described and confidentiality was assured for each women.

Confidentiality and Anonymity

Women were asked to participate in two semi-structured audio-tape recorded interviews. Women were told that the recordings would be transcribed and then erased. This was done. Numbered pseudonyms on written transcripts, field notes and other research documents were used and respondents were referred to by these names during team discussions.

Ethical Considerations

The University of Alberta, Faculty of Agriculture, Forestry and Home Economics Ethics Review Committee gave approval for this research project in

November 1998. Participation was voluntary and women understood that they could withdraw from the project at any time. They had the opportunity to ask questions about the project prior to and at any time after signing a consent that was read aloud to them before they participated. The consent form (Appendix D) provided an explanation of the project and signed verification that the women understood and agreed to participate in the project.

Names and telephone numbers of researchers were left with the women for questions they may have and the telephone number of the Eating Disorder Education Association was provided so that they could seek professional support following the interview if necessary.

Data Collection

Consistent with grounded theory methodology, data collection for this study and sampling and analysis occurred simultaneously as the study progressed. Further sampling and data collection occurred based on emerging theory. Theoretical sampling was used and more women with positive feelings about their bodies were recruited as research progressed and theory developed (Glaser & Strauss, 1967). Unstructured interviews, field notes and observations were used for data collection and analyzed using constant comparison (Morse & Field, 1995).

Women were interviewed at their convenience and choice of location by a member of the research team (3 interviewers). As a result, interviews took place in homes, workplaces, restaurants and two were conducted in a small quiet corner of a bookstore. Field notes were taken for each recorded interview and

further notes were made after each interview including methodological considerations, descriptions of the environment and personal impressions.

A semi-structured interview guide stimulated discussion about body image. As women became comfortable, the interview took on more the character of a conversation shifting away from guided questions to topics that were most important to each woman's body image.

My past work experience as a public health nurse proved to be both an advantage and a disadvantage in interviewing. I am used to eliciting a lot of information in a short period of time as well as to listening actively to individuals on an almost daily basis. The disadvantage I had with interviewing was that in my professional role, I do not generally share my thoughts and opinions with clients. Weber (1986) suggests that the "interview has its best moments when both people forget the tape-recorder, forget that 'this is an interview,' and simply talk and listen in a genuine dialogue that is focused on the phenomenon in question" (p. 69). While this did occur, I found that I did much more listening than talking. In spite of this, a lively exchange of ideas about body image occurred with all six of the midlife women I interviewed.

Interview Process

Three researchers collected data from 24 women over a period of 12 months from June 1999 to June 2000. I conducted 6 of the 24 midlife women's interviews. Two semi-structured interviews lasting from 60 to 90 minutes spaced an average of two weeks apart were audio recorded with the permission of the

participants. Initial self-consciousness with having a microphone attached to clothing disappeared as the women forgot that they were being recorded.

Meeting times and dates were arranged between the researcher conducting the interview and the participant, so changes were readily made as necessary. Each researcher carried extra tapes and batteries and notes were taken during interviews to provide backup information if the tape recorder failed. This did not occur. On one occasion, a trip was made to a neighborhood mall to purchase a microphone. The respondent told the researcher she was not inconvenienced by this delay.

Building rapport and trust was an important ingredient of the interviews. At the beginning of each interview, interest in the whole woman was expressed by the interviewer. Buber (1966), says it is easy for the interviewer's, "I want to know you-as-you" to quickly deteriorate into, "who cares about you as long as I find out about it..."(p. 66). Interest was conveyed through genuine regard for the participants and because of the nature of the first question dealing with the various roles women play in their lives. This question served a number of purposes. First, it allowed the researchers to "get to know" the woman they were interviewing and also provided the context for the woman's comments about her body image. Patton (1990) suggests that qualitative research is an effort to understand unique situations as part of a particular context and the interactions there and what it means for participants in that setting, what their lives are like, what's going on for them" (p. 11). He underscores the importance of attending to and acknowledging the influence of things that are going on in a person's life

when looking at one aspect of that person. In this sense, it becomes impossible to separate the whole of a person's life from the item in question.

Because women's experience of body image includes descriptions of an embodied self, we encouraged each woman to talk about body image in her own terms. We did not define body image prior or during the interview and in this way each woman described her body image in her own terms building her descriptions on a scaffolding of present, projected and past life experiences thus providing rich data grounded in each woman's experience.

Team Research

In order for our team have a consistent approach, we met weekly to share interview data and to begin analysis. Memos that members wrote about the data were available to all team members through use of a common computer program and simultaneous data collection with group analytic sessions allowed us to identify emerging themes and to gather more data to meet the needs of the research (Strauss and Corbin, 1995). For example, women with more positive feelings about their bodies in midlife were recruited after analysis demonstrated we had insufficient data for the purposes of the research. The interview guide was also adapted to explore some areas more fully and to delete questions that stimulated little dialogue. Working as a team provided an opportunity through discussion and reading each other's interviews to benefit from each other's abilities, strengths and perceptions and thus sharpen our own interview and analytic approaches as the research progressed.

Interview Guide

All 24 women in the project were interviewed twice by one of three researchers using a semi-structured interview guide (Appendix E). Literature about interviewing technique was reviewed prior to meeting with participants (Ellis, 1998; Morse & Field, 1995; Weber, 1986) and the guide was pilot tested prior to interviewing research participants. The research team met after interviews to share impressions of the guide and changes were made. A question was added after initial interviews to elicit further dialogue about the influence of life events on body image. As stated earlier, the guide was used to stimulate dialogue on the following themes: 1) roles women have in life (e.g. wife, mother, daughter, sister), 2) body image (perceived weight, desire to lose or gain weight, body image satisfaction, development of current body image, life events that have altered body image); 3) lifestyle habits (dietary habits, exercise patterns; 4) personal feelings of self-determination versus public self-consciousness with respect to nutrition behaviors and body image; 5) health; 6) perceived norms for weight according to social roles and age; and 7) role of the media and culture at large in shaping body image. These questions were based on major themes identified in the literature as well as the personal experiences of the researchers as women and health professionals. Exploration of these aspects for each participant's experience provided the context necessary for understanding how women interpret body image in midlife.

Specific questions in the interview guide that elicited much information about how women interpret their body image in midlife were: How do you feel about your body in general? Why do you think you feel this way about your body? How do others influence the way you feel about yourself? How do you react to their comments? and, How important are societal expectations to you?

Other questions uncovered strategies women use to strengthen or maintain their body image. They were: Does anything make you feel good/bad about your body or weight? How have your feelings toward your body throughout the years influenced the way you eat, your physical activity, your smoking habits, drinking habits, the things you do for yourself? What messages do the media, the fashion industry, and the cosmetic industry give you about your body?

While specific questions were critical for analysis, the idea of maintaining context is particularly important when researching a question such as body image, which is inseparable from the whole person. Ellis (1998) suggests that "it is important for the researcher to work holistically...in an effort to discern the intent or meaning behind another's expression" (p.15). While I did look at specific questions, I found in analysis that I went back to the entire interview of each woman again and again to ensure I captured the context of her comments within the entire narrative.

Analysis

Field notes, including information about the environment and the quality of the interview as well as methodological and analytic observations were made after each interview. Each researcher transcribed 2 or 3 interviews and then a

typist was hired to continue. Direction was given to use the exact words of the women interviewed and to include laughter, crying, exclamations, pauses and tone of voice. A team member edited all transcripts to ensure accuracy. Personal observations and journals were included as data.

Analysis began with line-by-line examination of data augmented by using NVIVO (Fraser, 1999). Categorization began with conceptualization for code development for specific interview items (open coding). Data were broken down into discrete ideas, events and acts and named (first level coding). Reading other interviews, we identified ideas and acts similar to those previously coded, and gave them the same name based on comparative analysis (Strauss & Corbin, 1995). Explanatory comments accompanied open codes, which were especially important for teamwork analysis (Strauss & Corbin, 1995). Repeated sorting and coding by making comparisons is characteristic of the grounded theory approach (Cresswell, 1998).

Subcategories of who, what, where, when, and why were developed based on midlife women's explanations of how they interpreted their body image. For example, the data indicated that midlife women in this study compare their bodies to other women's bodies. They compare themselves to family members, friends, work associates, strangers on the street and to media images of the 'ideal' female body. Therefore, a category called social comparison was developed capturing this tendency midlife women have to compare their bodies with others. Then, sub-categories were added

representing the specific types of people (family members, friends, work associated, media images) that women compare themselves to.

As ideas and insights developed about relationships between concepts, memos were written by team members capturing emerging patterns and then data were grouped, categorized and re-categorized in second level coding (axial coding) (Strauss and Corbin, 1995). As data were examined and added, categories were clarified, developed and condensed. For instance, the larger category of self care was created by cross-linking category headings such as physical activity, using cosmetics, buying clothes and hairdressing. We met weekly and continued to gather, code and analyze data collectively. Differences were explained, debated and discussed serving to enlarge our shared understanding of body image in women and helping to develop concepts and their relationship to one another. Next, I worked independently on descriptive analysis of how midlife women interpret body image and the strategies they use to maintain and enhance it. The research team continued to enhance this process through discussion and feedback about the findings of this analysis as they emerged. For example, two women described surgery as strategies that enabled them to feel more comfortable with their bodies. I coded these behaviors as self care strategies because surgery had enhanced these women's feelings about their bodies (in spite of believing that surgery is not an adaptive strategy). A member of the team argued and convinced me that categorization of this behavior as self care could not be construed as self care and should not be categorized as such.

The Research Instrument

When I began my research into body image in midlife, I was a bit indignant on behalf of all women about past research focusing on pathology and distorted body image. I believed that capacity and strength had been overlooked and that the experience of body image for women was not fully represented in research. I also felt that midlife women were underrepresented in this research.

Realizing I held strong feelings and that I endorse a health promotion perspective (which imbeds research in models of health as opposed to disease) I knew, as the research instrument, (Morse and Field, 1995) that it was important to reflect on these personal perspectives throughout the research process. I was aware that researcher bias and preconceived ideas about a topic could influence the way data are gathered and interpreted. To manage this effect, I used journaling and discussion throughout the research process to consistently make explicit my beliefs, attitudes and experiences that could potentially influence the research process. An example of how this worked is that while I knew it was important to reflect on my own body image, I had avoiding doing so and kept putting off writing about my body image because at the time, I believed I had more important academic things to do and would not give up the time it took to write about myself. As I was busy avoiding this task, I began, through reflection, to see that not writing about my own experience of body image may be a feminine thing to do. By feminine, I mean my experience living as a woman was shaping what I did. This may seem an obvious and small point, and yet, Smith (1999) asks, "what is the big picture of what little things speak?"(p.1). When I

reflected on this, I thought about how women sometimes place other people and projects ahead of things they need to do for themselves. Sometimes we treat other things as though they are, if not more important, then perhaps more urgent. As my data analysis progressed, the ideas of healthy narcissism (Edelstein 1999) and self care did emerge. That is, some women in the study describe intentionally making time for themselves to focus more on their own needs, interests and desires in midlife. The point is, if I had not reflected on these things in myself, I may not first of all, understood that this can occur for women and does influence their body image and second, I may not have been able to, in a sense, hold these reflective thoughts in my lap as I coded and analyzed data. If I had not reflected on and understood my own experience, I could not have identified the theme of self care when it appeared, nor dismiss it when it did not.

During initial interviews, I had difficulty thinking of myself as a bona fide researcher in spite of being comfortable with interviewing technique having worked in a variety of health related jobs. But rather than this influence being negative, this early tentative approach positioned me as a learner for these first and subsequent interviews serving to lessen perceived power differentials that sometimes occur when researchers go into the field. In fact, one woman made the comment that she had enjoyed the interview because she felt like she was talking to an equal.

I knew that because I was looking for capacity and strength related to body image, I had to be careful not to direct interviews so that this was all that I found. Because I was conscious of this potential early on and being genuinely

interested in each woman's experience limited this potential bias. Also, encouraging participants to talk about the things that they believed were important to their body image helped. I went over the data a number of times and recoded to ensure that I had captured full interpretations of body image including negative comments women made about their body image. As a midlife woman, I naturally felt a kinship with the women I interviewed. I was frequently moved by their experiences making me work hard to understand the impact of each woman's unique life experiences on her body image. The willingness women in this study had to share these experiences strengthened my commitment to reflect, as best I could, their interpretation of midlife body image in my research.

Trustworthiness

Trustworthiness of qualitative inquiry is evaluated by its transferability or generalizability, and by its confirmability and credibility (Lincoln & Guba, 1984). Transferability, in qualitative research refers to the degree to which findings can be transferred to those in similar situations; to the degree the account rings true to experience (Guba & Lincoln, 1989). Because only the reader or receiver of the data can claim transferability, it is inappropriate for the researcher to make transferability claims. However, describing the context of participant's lives and using "thick descriptions" (Geertz, 1973) provides readers with the opportunity to transfer the experiences of the participants to their own experience of body image.

Using an audit trail of data analysis ensured the confirmability of this study. Analysis questions and reflections were noted using memos, and journal entries and iterations were kept.

Credibility is sometimes referred to as internal validity and refers to a method's success in measuring what it was intended to measure. Using the term credibility distinguishes between the constructivist assumptions underlying this criterion of trustworthiness and the positivist paradigm (Guba and Lincoln, 1989). Talking with each woman on the telephone followed by two interviews enhanced credibility of the study because enough time was provided for trust to develop increasing the likelihood of an honest exchange. Two to three weeks between interviews gave time for participants and interviewers to reflect and member checks, a crucial technique for credibility (Lincoln & Guba, 1984), were done at the beginning of the second interview ensuring that researchers' perceptions and observations were accurate. A timeline at the end of the second interview provided a second opportunity to check back with participants.

Spending eight months in the field and taking field notes, including information about the environment of the interview, the quality of the interview, methodological comments and analytic observations add to the studies credibility. Triangulation because of working as a team for data collection and analysis attenuated interviewing and interpretive bias (Nutbeam, 1998). Credibility was facilitated through frequent meetings where researchers remained open to debating potentially superficial or biased interpretations.

Little is known about body image in midlife and because the context of a woman's life is important to health, grounded theory methodology, with a purpose to generate theory for human behavior within society, is appropriate. The following chapter describes the study findings.

Chapter 4

Findings

Women who participated in the study were diverse in terms of roles, life experience, occupation and education. The 24 midlife women included homemakers, school teachers, administrators, office support workers, nurses, social workers, a seamstress and an artist. One woman was unemployed and looking for work and two were retired. Some women were grandmothers, others were mothers and still others did not have children in their lives. Half of the women interviewed were married, seven were separated or divorced, two were widowed, and three were single.

This study sought to examine how midlife women interpret body image and to identify strategies they use to maintain and strengthen body image. Five main themes emerged: women have relationships with their bodies, midlife women use social comparison to interpret body image, they have the capacity to forget about their bodies, engaging in self care enhances positive feelings about the body and the importance of the body begins to fall away in midlife.

Findings and interpretation follow and quotes from the women are included allowing them to speak for themselves. Minor edits have been made to ensure readability of women's comments and italics are used to distinguish interviewer questions from the words of the respondents. Pseudonyms are used instead of real names to ensure anonymity and place names do not appear.

Midlife Women Have Relationships with Their Bodies

Midlife women in this study have relationships with their bodies and they talk about their bodies in a similar way to how they talk about people in their lives. They talk about liking their bodies, describing aspects of their appearance with pride and intimacy: " I like my hair, it's close to my soul." Sometimes, they dislike their bodies responding with defensive withdrawal when their bodies let them down: "my body won't cooperate...I don't want to do anything for it." Some women describe them as they might a spoiled child: "it got indulged." This finding is congruent with Van Manen's (1998), suggestion that the self-body experience is relational in nature.

The significance of considering body image as relational is in understanding that the relationship is elastic and has the capacity to change over time and in time. When considering that other studies that have shown normative discontent (Rodin, 1984) it is possible that part of the picture is seen instead of the whole of body image which varies day to day, from year to year within the context of women's lives. When body image is studied using questionnaires, it is as though a snapshot or a small point in time has been captured instead of the entire story.

Capacity to change over time

While satisfaction varies, midlife women have lived with their bodies for a long time and can describe the impact their body has had on their lives. For instance, one woman in the study has never had a sexual relationship because of the intense feelings of shame she has about the

shape of her body. Another woman describes how her life situation affects her body image because caring for her blind husband and mentally ill son encourages her to take care of her body to fulfill this role. As a result, she feels positive about her body. Other women acknowledge the good fortune of being born with a body that rarely causes them concern.

While some women are happy with their bodies and in general always have been, body image for others changes over their lives. Some who have experienced uneasy discordant relationships in the past find that by midlife they have a more agreeable body image. Still others remember being more satisfied when they were younger, and some who have always been unhappy continue on in midlife with unlivable relationships. The following comments made by women in the study demonstrate the changing feelings that they have about their bodies over the course of their lives.

Valerie is a 50-year-old artist who lives with her husband and her adult daughter. She and her husband have recently reunited after 20 years of living apart. Valerie says that she is happy with her body 80 % of the time in spite of having a painful and arthritic hip since she was a young woman. When she is asked: how have your feelings about your body changed since you were an adolescent?, she replies: " it just becomes more comfortable...much more comfortable."

In contrast to Valerie who is more comfortable with her body in midlife, Theresa is not. Theresa is a 58-year-old woman with a primary

school education who separated from her husband 27 years ago. She has two adult sons. Since going through menopause she has gained 50 pounds and currently experiences undiagnosed generalized body pain. She can pinpoint the time when she became dissatisfied with her body: " I went through the change of life and it was downhill after that."

For Karen, gradually gaining over 100 pounds since her last pregnancy changed her feelings about her body. Karen is a 52-year-old health care worker with one year of college education. She has been married for 22 years, has raised four children, is involved with her grandchildren and is raising two foster children. Her job and her home life are physically demanding and she has little time for herself. She describes the change in her body image over the years: "When I was younger, I felt much better about myself. I could wear different clothes."

Cassie is a 44-year-old woman who is becoming more accepting of her body in midlife. She is a health professional and single mother of three teenage children. She describes a transition in her body image saying, "I was 13 when Twiggy was there, so it was a little tough. But now I am more reconciled to my body."

Women in this study know their bodies well, much as they would any lifetime partner. For most of these women, the relationship they have had with their body has transformed over time like a seasoned marriage. That is, one, the other and sometimes both partners have made adjustments to maintain a livable relationship. For women who are

extremely displeased with their bodies, separation, unlike in a discordant marriage, is impossible and they remain stuck in untenable relationships. Van Manen (1998) describes this inextricable link between the body and self:

> "If I am unhappy with the way I look or if I worry about my physical health, then I can try to ignore or suppress the demands my body makes on me. Yet, I cannot hide from my body. I cannot separate my body from my sense of self. I cannot leave behind my body in the same way that I can do with other objects"(p.15).

Midlife women strive towards livable relationships

It is interesting that now in western culture, more and more women attempt to develop harmonious relationships with their bodies by doing what Van Manen (1998) says cannot be done. More women (and some men) resort to cosmetic surgery leaving parts of their bodies behind. Douglas Coupland (1991) in his book about popular culture provides grueling detail about the contents of dumpsters behind liposuction clinics in the United States. Vicki is one woman from the sample who chose surgery as a strategy to enhance the relationship she has with her body. She strives toward a more livable relationship with a body that she dislikes believing it to be disproportionate and fat. She is a 53-year-old single, university educated professional woman. Witness her attempts to improve the relationship she has with her body:

I've probably told you I did alter...part of my body surgically. I may do some more. I decided that. Actually, I've had two surgeries. One was a gastroplasty...I've had ...several attempts to limit the food intake thing...did it help? Did it work? Well, I mean I can't eat a whole lot obviously. I still have the problem with the fat on my butt. So no, I didn't lose a great deal. And...this spring I had a breast reduction and a peniculectomy where they took a big band of fat out of my abdomen. That was quite helpful actually. And when I can afford it or finish it, then I do want to have however much they can remove from my buttocks. *So do you feel better about your body now than you did before your gastroplasty or your breast reduction?* Since the breast reduction, the peniculectomy, that has helped. But now I'm sort of cut in two, you know, laterally. I'm two sides as one. There's now the front part I could live with. I don't think my legs are going to get any better so... I can live more with the front of me (little laugh). Yes that probably helped the most of anything. So, it was worth it. Yeah.

Vicki tells the interviewer she had surgery because she is tired of "paying the price" of being fat in our society. The price of being fat in our culture includes prejudicial hiring practices, assumptions about character, and social isolation (Maine, 2000) and for Vicki, paying for surgery is just a different form of payment. Given societal pressure requiring that women either have a "good body " or pay the price, it speaks to the determination

of women who try to fit their bodies to intransigent notions of beauty no matter how difficult and painful forcing that fit may be. Women strive towards satisfying relationships with their bodies over time and the next section explores how these feelings not only change over the course of a woman's life but also change in the present.

The capacity to change in time

What is striking in the data is that midlife women simultaneously hold negative and positive feelings about their bodies in the present. Most women in the study experience a tension between liking and disliking their bodies when they are asked how they feel about them.

Betty is a 55-year-old divorced woman and is a case in point. She is a university educated professional with grown children. She has had minor weight fluctuations throughout her life but overall, she is very happy with her body. Still she assesses, monitors, and judges it. Betty describes how she feels about her body:

> Generally I feel happy about my body. It's really been, I guess like a vessel that has provided me with so much in my life. Six adult kids... I conceived and gave birth to them in a fairly normal way. I won't say effortlessly. It's not like putting more kilometers on your car or something. Something about having more kids doesn't wear your body out for some reason or other. And having said that, I've got also my critical eye that sucks in my stomach when I go to a mirror or looks at the next wrinkle or thinks, I wonder if I should dye

my hair this week? So, there's both. There's that kind of inside feeling that boy this is a damn good body and it gives me lots of joy and pleasure still and has served me well. And the other one is like, oh, how come I've got cellulite there and those blue veins around my ankles and the outside of my legs?

Although Betty waxes poetic about the virtues of her good body, in the same breath she objectively recites its deficiencies. This ambivalence is consistent throughout the interviews and it is not just the women who are pleased with their bodies that simultaneously hold disparate opinions about them but also women who generally make disparaging comments can find something they like. Vicki is the woman who had surgery to improve her body image but unlike Betty, has disliked her body for most of her life and yet, she finds positive things to say about it. When she is asked if there is anything she likes about her body she says:

> Yeah, my peripheral limbs. Not the central part of my body, which is where the problem is. Oh, and my hands. But from the ankle to the foot...the ankle of the foot. My arms are worse than my hands. I'm fairly dexterous, I suppose. You know I play instruments. They're fairly strong.

Banister's (1999), research focuses on midlife women but strictly on those who have experienced menopause. She describes an "uncomfortable ambiguity" felt by menopausal women toward their bodies claiming that comments women make about both liking and disliking their

bodies reflect societal ambivalence toward them. She says that there is a split between the desire for women to accept the physical manifestations of aging (including weight gain) and the desire to reject these manifestations. Banister suggests that these are two mutually exclusive strategies used by women to adjust to being viewed as less attractive in midlife.

In spite of not yet experiencing menopause it is clear that Vicki also holds mixed feelings about her body. Data from this study suggest that liking and disliking the body does not occur only in response to menopause and aging. Most of the women interviewed, menopausal or not, describe mixed feelings and are confused by their ability to both like and dislike their bodies. Emily's comments provide another example of this.

Emily is a 46-year-old health professional and single mother of three older children. She has a male companion who does not live with her. She has not yet experienced menopause and when she is asked how she feels about her body she replies: "I don't like my body." And then when she is asked if there are any advantages to extra weight, she says:

> I feel comfortable with my body size and shape. I know I could change it and I should. So how is that for an answer that doesn't make any sense?

Emily wonders why she holds simultaneous yet disparate feelings about her body. She is comfortable with her body and yet she says that

she should change it. Emily's answer does make sense. She is both comfortable and uncomfortable with her body. Emily's duality reflects a process that occurs throughout most women's lives. Using the metaphor of a marriage that transforms over time so does a woman's relationship with her body change. Women engage in a process of interpreting and reinterpreting their body image attempting to maintain or establish a livable relationship with it over the course of their lives. Given that women live in a culture with prescribed societal expectations for female beauty, it is not surprising that women struggle (to varying degrees) to accept bodies that change throughout their lives. Perhaps this is the best we can expect.

Cassie describes the process of working to like her body. At 44, she re- interprets negative assessments she made of her body when she was younger. She describes remembering that she thought she was fat as a teenager but, now, in midlife she says: " I was quite slim in retrospect but, I couldn't see it," and when the interviewer asks if she is solid in her acceptance of her body Cassie tells her: "no, I think it's a process."

Cassie is not the only woman in the sample who identifies changing and evolving perceptions about her body. Other women describe the elastic and malleable nature of body image. Valerie is a 50-year-old artist who recently reunited with a husband with whom she separated 20 years ago. She describes her body image: " I'm working on it. I am 80 % happy with it" (later in the interview Valerie clarifies that 80 % means being happy

with her body 80% of the time). Valerie acknowledges that liking her body is work and a responsibility she is successful with most of the time.

Van Manen (1998) believes that ambivalence toward one's body is common and that it is not unusual to be dissatisfied from time to time particularly when our bodies cause us some discomfort such as during times of illness or immobility. Rodin (1984) describes a phenomenon she calls normative discontent when women are dissatisfied with their bodies most of the time. Perhaps it is reasonable to expect times when body image is more satisfactory than other times. For instance, during adolescence when the body is changing dramatically or with aging, when physical powers diminish, body image may become uneasy and the relationship tenuous. Also, weight gain with menopause or after childbirth, may lead to an uneasy relationship because excess weight is not condoned in our society. Interpretation of these data suggests that dissatisfaction may also be part of a normal process of adjustment and readjustment to a body that changes over time. Regardless, it is clear that on different days and over time, women are more and less satisfied with their bodies than other times. Also, when midlife women compare their naturally changing and aging bodies to standards of appearance set by 15-year-old models in fashion magazines, it is not surprising that many find they fall short. And yet midlife women do evaluate and judge their bodies just as younger women do. Midlife women in this study engage in a process of evaluating their bodies by comparing them to the bodies of

their sisters, mothers, colleagues, friends, and to media images of women. The following section describes how midlife women use social comparison to interpret their midlife body image.

Midlife Women Use Social Comparison to Interpret Body Image

Wolzon (1998), argues that personal identity cannot be shaped apart from cultural and historical traditions. Objectification theory (Fredrickson & Roberts, 1997), takes as a given the understanding that women exist in a culture in which their bodies are looked at, evaluated, and always potentially objectified. Further, the cultural milieu of objectification functions to socialize girls and women to, at some level, treat themselves as objects to be looked at and evaluated. The message that women should be youthful and vital well into midlife is pervasive in our society, and women as participants of western culture internalize these messages evaluating and judging their own bodies. Women have expectations and hold standards for the appearance and the functioning of their bodies and these expectations are shaped in part by cultural values (Spitzack, 1990). The likelihood that a woman will be satisfied with her body is influenced by whether or not her body meets the expectations she has of it. One of the ways women interpret their body image is by comparing themselves to women in the media, to family members, friends, and even to strangers on the street. Discussion of the influence of social comparison on body image in midlife follows.

Comparing themselves to media images

Most women in this study compare themselves to images of women in the media. Hannah is a retired, single 47-year-old woman with a neutral opinion of her body. Hannah compares herself to models and explains how these comparisons influence her body image:

> You can pick up any magazine, anywhere, and it's full of pictures of stunningly beautiful women, and these aren't people that you meet on a daily basis...its not often...someone as beautiful as in those magazines, how often does that happen? Like once every six months...but everybody strives for that. *You feel you have to be that? Do you think everybody strives for that? You feel you have to be that?* Absolutely. *So this is the ideal that we're trying to achieve?* Achieve? Yes. I don't know how many women are actually happy with what they've got. Their looks or what have you. *You don't think you're happy with what you got?* I'm not overly unhappy (laughter). *But you're not really happy?* Exactly.

Models represent a standard of beauty that Hannah strives for but in spite of this, she is not particularly unhappy with her body. Hannah is an active woman who travels, hikes in mountainous countries and participates in gym programs. She has had cosmetic injections to reduce the appearance of wrinkles around her mouth and says that she is most self-conscious about her body when she considers having sex with a man she is dating.

Marion is another woman who compares her body to the bodies of models in magazines but unlike Hannah, she compares specific body parts. She recalls doing this when she was a teenager. Marion is now 45 and has been married for 28 years. She has two grown daughters. Marion has had fluctuating satisfaction with her body and weighs more now than at any other time. The interviewer asks her about her body when she was younger and Marion describes comparing herself to models:

> I still felt that there were parts of my body that I would want to have changed even though weight was not a problem. I was very small breasted, which I didn't like. And I felt my thighs were too big for what I would like to have seen. *I wonder what made you feel that way?* Definitely magazines...there would have been some TV watching ... I've never been a real, big TV person, but there would have been beauty pageants and that type of thing. At that time, that was a big thing...I probably have definitely looked at that and compared. I'm slim, but it doesn't look like that.

Marion compares her body to the bodies of women in magazines, on television and in beauty pageants and finds herself deficient. Yet, her body image is not always negative but fluctuates instead.

Hannah, Marion and other midlife women in the study who evaluate their bodies in terms of other women's bodies are engaging in social-comparison. Social comparison is the process of gathering information in continuous self-evaluation to determine how one stands in terms of a

specific attribute. Social comparison is so common and pervasive that it is considered by Festinger (1954), to be innate or a drive state. Comparing oneself to others on a number of attributes is a natural and universal behavior. When women compare themselves to women in the media, they are comparing themselves to strangers; that is, to women unknown to them. This type of social comparison is called global or universal social comparison. Research demonstrates that comparing oneself to media images of beautiful women influences young women's body image in a negative direction (Thompson et al, 1999) but the extent to which these images influence midlife women is unclear. What is clear from the previous examples is that just as young women engage in these behaviors so do midlife women. A closer look at the data suggests that women in this study do more with media images than make comparisons. The women in this study critically evaluate the messages intended to influence them. They do not accept and absorb these images at face value and while it is true that undeniably beautiful women are used to sell every possible kind of consumer product, there is often the accompanying assumption that the average woman is unable to understand what is going on. Wolzon (1998), claims that such a characterization demeans and overlooks women's creative participation, negotiation and resistance to cultural narratives concerning what a woman should do and be. Wolzon asserts further that women are "not cultural dupes or naïve blunderers who are invariably lulled into submission by oppressive cultural forces"

(p.10). The following section further describes the capacity midlife women in this study have to evaluate media messages.

The capacity to critically appraise media messages

Most women in this study understand marketing strategies behind advertising. For example, in spite of telling the interviewer that she aspires to this standard of appearance, Hannah knows that beautiful women are used to sell products. She is an authority on cosmetics having used theatrical makeup to create the illusion of different characters. As well, she buys and enjoys cosmetics herself and when she is asked about this, she explains that she understands that unusually beautiful women are used but she does not expect that she will look like these models if she buys the products:

> *So you're not trying to emulate, you're not trying to simulate what they're doing?* [models]. No, because what they're doing is taking incredibly beautiful women and touching them up a bit [cosmetic advertisers]. *Putting makeup on them?* Yeah, exactly.

Later, Hannah describes models as being beyond the norm acknowledging that her friends and women that she works with do not look like this.

Other midlife women in this study are aware of the disparity between advertising images and women in the "real" world. Most separate the wheat from the advertising chaff knowing the potential these industries have to influence their expectations of their appearance. Wendy is a case

in point. Wendy is a 50-year-old who works at an executive level with men. She has no children of her own but her partner has grown children. Wendy would like to weigh less than she currently does and she exercises almost daily. When she is asked how the media influences her body image:

> When I relate to television people I think it's unrealistic that I would ever have that body. I never had it, so why would I ever? ... You know, you look around when you work with 78 % of 600 people being women, there aren't that many that pass the test to say that they look like the people on TV. I'm a very logical person and logically, I think it's not likely to happen.

Other women in the study discount the influence of these messages. Deanna is 55 years old health professional who is happy with her body. She has a demanding family situation requiring that she take care of a disabled husband and teenager. Still, she is energetic, happy with her body and with her life. When the interviewer asks: do you think that the fashion industry is giving us [messages]? She replies:

> I don't pay any attention to that stuff... *What do you think society expects the body of a 20 or 30 year old woman to look like?* Well, I guess if you go to the media and such, it's the perfect Hollywood body. But if you look around the real world, that's not what you see. *So, you're very conscious of the divergence between the real world and what's presented in the media?* Right. And I think a lot of women can see that...

These midlife women disarm the shotgun approach taken by the media toward women's bodies by understanding that they are the targets. They are not easy prey.

Betty's interpretation of media and societal influences on body image is particularly sophisticated. Betty is a 55 year old divorced mother of 6 children. She works as an organizational consultant and is happy with her body. Witness her comments:

> *You said men are more tolerant [of your appearance] and that [women] are fairly hard on themselves. If we consider that men help to run advertising agencies, then do you still feel that way given that the power tends to lie in the hands of men?* I guess I have a sense that we now have enough information to be able to make our own choices. To [decide to] what extent we're going to participate in that or not. And so I think, enough of us being ourselves, trying to buy in less and less to those images and to be more realistic, is the best way of trying to reverse that. Because if I put all the blame on the men with power to control my behavior, then I'm going to continue to be a victim for a long, long time.

Betty acknowledges that she is a participant in a culture with traditions that can be oppressive, but she assumes responsibility for taking part in revising those traditions by suggesting that she has choices such as "not buying in to" images that oppress women. This is an empowered perspective. Her beliefs reflect what Wolzon describes as "situated

freedom from oppression that does not occur by cutting oneself off from culture but rather, is secured by creative the negotiation through dialogue with others"(p.11). Betty does not cut herself off from culture by blaming men for traditions that oppress women and through the course of her interview describes a dialogue she has had over a number of years about the position of women in the church. While her priest does not agree that women hold secondary roles in the church, Betty continued to attend church and engaged him in dialogue about the role of women in society.

While there is much evidence supporting the idea that mass media communicate a thin and attractive ideal to women, little is understood about how this influence works exactly. Also, primary prevention programs or treatment paradigms that simply focus on how to resist media influences have met with less than overwhelming results in younger women (Thompson et al., 1999). While data from this study suggest that midlife women, like younger women, do compare their bodies to media images of 'perfect' women, what may be different is that by critiquing and understanding the intent of these messages, many midlife women in this study attenuate their impact.

Along with the influence that mass media can have on body image, current theory implicates pressure from family and peers (Thompson et al, 1999). Findings from this study support this influence. But, rather than feeling pressure, these midlife women describe construction of a body image partially based on observations made of women close to them. The

following discussion illustrates more fully how past life experiences shape women's interpretation of body image in midlife. The significance of "looking appropriate" is also discussed.

The influence of known women

Body image is shaped and constructed through a process of individual reflection, interpretation and re-interpretation over time. Particularistic comparison, occurring when women compare themselves to people with whom they share a particular bond or identity, is especially important to this process (Thompson, 1999). Particularistic comparison is the mode of social comparison preferred by most people and is a potent influence on body image. From the prospect of midlife, women recall other women from their past who have influenced their body image.

Cassie and Deanna's memories of their mothers and their mother's friends provide and example of how each woman's unique interpretation of her life experience influences her body image. Cassie has long, dyed black hair, which is important to her. In fact, she says: " it is close to my soul. " When she is asked what having gray hair means to her, she recalls her mother's life of seemingly endless, hard work. Witness Cassie's account of her mother's life:

> *So being gray is associated with...?* Age. Being old. *Old?* Yeah. *And being old is associated with?* My mom. When I remember her as a teenager, she was fifty-five. She was old and she was tired... She worked horribly hard compared to what I need to do. I mean

she was a single mom. She had five kids. She was poor. She did all of her laundry literally on a scrub board and a wringer washing machine. Hung it to dry. Made all the meals from scratch. Did all the canning and freezing because she was poor. Huge garden. And although I don't remember her being tired, I felt like she didn't have energy. Because she probably didn't have as much for us...I mean she was always working...and then she was way older than any of my friend's parents.

For Cassie, having gray hair at the age of 44 is out of the question based on her memory of a mother who worked hard and who seemed old before her time. Each woman's particular interpretation of her past, present and future life influences her body image. Deanna provides another example. She interprets the meaning of gray hair quite differently based on her particular life context. Deanna recalls friends of her mother who looked silly because they continued to dye their hair long after it seemed appropriate to do so. She explains why she does not dye her hair:

Well, I did think about it and then I thought. I have sisters that have been dying their hair for...they went gray very early. I didn't start going gray until I was 50 and I always remember friends of my mother's. My mother had beautiful white hair and I thought that means I could have nice gray hair. But she also had these friends. These old ladies that had this dyed black hair and I thought they do it so long they can't not do it and I didn't want to ever be one of

those old women (little laugh) when everybody knew your were old. I thought, what the heck. It's going to happen. I'm going to grow old gracefully and just let it happen.

Deanna's decision to let her hair go gray in midlife is based on her particular and unique interpretation of how midlife women dealt with aging in her past experience. For Deanna, gray hair is appropriate because she remembers friends of her mother who were too old to be dying their hair and she vowed (as a child) not to look like these women.

Cassie and Deanna's interpretation of their midlife appearance (complete with a time table for the "appropriate" time to let their hair gray) is based on observations they made of older women to whom they were connected in their youth. Decisions made by women earlier in their lives contribute to the construction and interpretation of body image in midlife and have implications for how we think about body image. It is important to remember that women have a history of life experiences contributing to the shape of their body image in midlife. It would be simple to understand and perhaps even to dismiss Cassie's desire to dye her hair as simple vanity about aging. Instead, the meaning gray hair holds for her includes a memory of a mother who had a difficult work filled life. Perhaps Cassie's appearance and body image in midlife even reflect a desire for a different kind of life from the one that her mother had.

Being appropriate

Looking appropriate for one's age is important to how midlife women interpret their body image (For the sake of the next illustration which depends on having some context, Cassie is used as an example again). For example, Cassie remembers a mother who was gray haired and older living in a small town where being different stands out. Witness Cassie's description:

> I am not ready to go gray yet...I'm just not. *What would it mean to you to have gray hair?* I would really struggle with that. My mom went gray very early...she was probably almost completely gray by the time she was forty...and she had me at 40. So I don't remember her as anything but gray and she looked old to me. She was older than any of my friend's parents too. I remember feeling a little bit funny about that because my mom was fifty and very gray and other people's parents were 35 and in that small town... *Everybody was kind of on this timetable and she was...?* She was off-line. We didn't have computers yet, but she was definitely off-line versus on-line.

In Cassie's words, her mother was "off-line." She was inappropriate and out of time. A more appropriate mother would have been younger and more like her friend's mothers. Midlife women in this study determine whether they are aging appropriately by monitoring their

appearance and comparing themselves to others. Valerie provides a further example of this:

> I don't want to be, have you heard the expression mutton dressed as lamb? *Yes. Yes.* I don't want to be that. So I will check with Vangie (daughter) cause if I see a woman in her midlife maybe wearing a bit too much makeup or wearing a short skirt...*Dressing like a 20 year old?* I say to Vangie: you tell me, please let me know won't you? And she says, yeah, I'll tell you. I'll tell you. As long as she's honest that way, I'm okay.

Valerie uses this metaphor, which describes her fear of looking foolish by dressing too young for her age. Lamb is the tender young meat of a baby sheep and mutton is tougher and older. Valerie is so concerned about looking appropriate for her age that she recruits her daughter to assist with ongoing surveillance of her appearance.

Some women compare themselves to people they work with considering the nature of the work they do to interpret their body image. Irene's experience illustrates this. She is a 56 year old professional single woman who lives with another woman in a non-sexual but emotionally intimate relationship. Her mother died when she was in high school and her father raised Irene. Irene is basically satisfied with her body and believes that there are times in life when a youthful appearance is more appropriate than other times. She also talks about hair color but identifies

a clear "turning point" (re-interpretation) when it seemed appropriate to let her hair go white. She explains:

> I don't really want to look older than I should. I have paid attention to trying to look as good as I could including up until 1991 perhaps my hair reflecting more a younger style. But from then, I changed ... to just letting my hair grow [white] and that was a good question because it was kind of a turning point. *Was it just physically waiting for it to be completely white or was there something else?* Well, I think there was a sort of readiness to say okay. I'll tell you what went along with it. When I went back to teaching at the University and you're working with a young crowd. Prior to that in the work that I do, it was important to look young but then when I came back I focused on essentially design and development of new programs which is work mostly that requires a certain maturity because it's so eclectic in nature. So, I felt it was appropriate to look my age. The work I was doing was congruent with me letting it go white. So that's another influence.

In the middle of life, Irene believes that her appearance is appropriate in terms of the type of work she does and the people she works with. Irene is like other midlife women in this study who look for a fit between what they look like and what they think they should look like for their age and role in life. If what they want in terms of appearance and what they have are congruent, they are more content with their

appearance. Irene says: "I am really happy to look my age...it's very important that I'm a senior ...doing the work that I'm doing. It fits." Irene has re-interpreted her body image in midlife based on the suitability of their appearance for the type of work she does and also on the appearance of her colleagues.

This congruence depends partly on a readiness that must be present for women to accept aging. If a woman believes that she is growing old before her time, or that she is old in a role normally filled by a younger woman, normative aging processes are difficult. For Irene, signs of aging (white hair) came at the right time. She says, " I think there's a kind of readiness to say okay..." Irene's appearance, expectations and her life stage match. How the body conforms with personal expectations for an appropriate appearance in midlife are potent contributors to women's satisfaction and ease with their bodies.

These findings are congruent with adult development theory and normative life changes. There is potential for struggle for those women whose aging does not conform to arbitrary cultural standards. Changes that are out of time are more difficult to accept (Pearlin, 1982). The difficulty is that the "right" time is, to some extent, culturally determined (but individually interpreted) and there are signs that the "right" time to age is being pushed further and further back in our society.

The findings described to this point make it appear as though midlife women spend an inordinate amount of time thinking about their

bodies. While women do think about their bodies most women in this study describe instances when they do not think about them at all. In fact, they forget about them completely. This capacity has been described by Van Manen (1998) and Ellis (1993) as self-forgetfulness and it occurs when people are fully engaged with other aspects of their lives. Self-forgetfulness is important to understanding body image because when it is experienced, there is a sense of harmony between the body and self and as such self-forgetfulness may be a seed worthy of cultivating to nurture positive body image in midlife.

The Capacity to Forget

The capacity to forget the body through engagement with satisfying aspects of one's life allows the body to take on less significance. Women describe these moments of self-forgetfulness as though they are taking a vacation from thinking about their bodies. Vicki describes the significance of these moments:

> One thing that occurred to me when I was thinking about the [first] interview...you've asked questions around one's identity, or that tied up in being overweight. I think a part that's important to balance that is, who else am I? Because I sort of debriefed... I thought, now wait a minute. There are times when I'm not obsessed with or upset...when I feel okay and I'm unaware of body. What are those times? [Vicki asks hers own question]. What parts of me are involved there? You've touched on them and the other things that I

do which is music related things or writing, or discussion. Those things which [are] the rest of who I am.

When Vicki is involved with friends, playing music or writing she forgets about her body. Vicki describes these periods as " pockets of relief." Witness her description of forgetting her body when she is with friends:

> It's not an issue with friends. You know, the close friends, it just isn't an issue. Our relationship is not built on how we look or what we're wearing. I mean, they might say, oh gee, I like what you're wearing. But, I'm just thinking of the friends that I have.That's not the basis of the relationship. And so there's that acceptance. There are kind of pockets of relief for me because it's a time when it isn't an issue. It's just not there.

Ellis (1993) describes her personal experience of self-forgetfulness while playing coed scrub volleyball:

> "The team spirit and excitement were hot and contagious. I forgot about everything. The only thing that mattered was the movement of the ball. The most important thing I forgot about was my own body... Everybody was sweaty and everybody hugged you and cheered a lot. It didn't matter what size and shape anyone else was. If you moved that ball, or if you even obviously tried with everything you had, everything about you was totally acceptable. If I had to choose one word to encapsulate the feeling of this

experience for me it would be "self-forgetfulness"...such a state of being cannot simply be willed or wished for. But when it exists, it affords a grace, a charisma, and an ease to which many would aspire " (p.378).

Objectifying treatment of women's bodies has been implicated as one reason why forgetting the body can be difficult for women. Objectification theory (Fredrickson and Roberts, 1997) holds that women's bodies are looked at, evaluated and potentially objectified because of a sexual gaze, or visual inspection of the body. The sexual gaze is the most subtle and ubiquitous means by which sexualized evaluation is enacted and the potential for objectification occurs whenever a woman's body, body parts, or sexual functions are separated out from her person and regarded as capable of representing her (Bartky, 1990). An important consequence of objectifying treatment is that individuals internalize an observer's perspective resulting in self-objectification. Women come to view themselves to varying degrees as objects or "sights" to be appreciated by others. This results in self-consciousness and nearly constant monitoring of the body's outward appearance.

Van Manen (1998) describes the phenomenon of being observed. He suggests that when we know we are being watched (both men and women), we become self-conscious and unable to do what we are normally capable of. The critical point is that awareness of being evaluated by others leads to a self-conscious preoccupation with the body,

which is quite the opposite of self-forgetfulness. Earlier findings from this study show that midlife women do monitor and evaluate their bodies in this self-conscious manner (see the influence of media and other women). It speaks to the capacity of women who have experienced the "objectifying gaze" for most of their lives that they also find moments when they can totally forget their bodies. An interesting paradox emerges from the capacity of self-forgetfulness. The paradox is that in order be self-forgetful, women in this study devote a certain amount of time and attention to their bodies. Discussion of this follows.

The paradox of self-forgetfulness

The paradox of self-forgetfulness is that for some midlife women, being able to forget the body depends partly on thinking about it at least for some of the time. As Betty explains, in order not to be overly concerned with her body, she gives it a certain amount of care and attention. First she describes the self-forgetfulness of a harmonious relationship with her body:

> I am just thinking by and large my body, it hasn't said to me stand up and take notice of me. I'm hurting. I mean, I think if I looked at a general overview of my life, I've been pretty healthy. So I think that's a contributing factor as well. It's like I haven't been that preoccupied.

And then, she describes the paradox and importance of self-care in enabling her to feel good about her body:

I guess, there's a paradox in that though because I am preoccupied with maintaining my physical health and that has to do with my body weight. That has to do with the fact that I want to feel good in my body, I want to look good in my body, and I want to look good in my clothes. I treat myself as well as I can. And so I dedicate a fair amount of time to activities that keep me healthy and fit as possible.

Betty explains that she dedicates a fair amount of time to activities that keep her healthy and fit as possible and her body apparently responds. Hence, she is unwittingly living the paradox of self-forgetfulness afforded by some attention to the body. Not all women in this study feel the ease with their bodies that Betty does but most have positive feelings toward their bodies at least some of the time and dedicating time and attention toward them are behaviors that enhance these feelings.

If one of the roles of health professionals is to assist individuals in their efforts to establish harmonious relationships with their bodies, then it is helpful to know how and when these positive feelings occur. Women in this study provide insight into behaviors and attitudes contributing to positive feelings they have about their bodies. These activities are discussed under the heading of self-care and include grooming and exercise.

Self-care: Grooming

Grooming includes dressing up, "doing hair," and putting makeup on. Jill explains how attending to her appearance before going out makes her feel. She is a 45 year old married woman who teaches dancing and has two teenage sons. Jill has a positive relationship with her body and when she is asked what makes her feel good about her size and her weight she answers:

> I think of course dressing up and how I feel about myself when I get myself dressed or when I go out. That's probably the number one that will make me feel better about me...I like to do my hair and I like nice makeup. I like to spend time on myself. That makes me feel good.

While "dressing up," using makeup and doing her hair make her feel good, Jill also says that she likes spending time on herself. The importance of intentionally taking time for self-care is discussed in more detail later (see Making time for self-care).

Some women in the study believe that grooming is more important than weight in how others see them and they also believe that society expects women to groom themselves. Lisa is a 52 year old divorced woman with a less agreeable body image now than when she was younger. She has gained over 20 pounds since divorcing a man to whom she was married for 32 years. She has two adult daughters. Lisa shares her views on societal expectations for midlife women:

Well, you know, I think society as a whole expects women to be, they don't have to be ultra thin…but well taken care of. They can be a little heavy as long as they're well taken care of and not slovenly.

Patricia echoes Lisa's opinion that grooming is important to others. Patricia has recently moved to Canada and is active in life and happy with her body in spite of gaining weight since leaving Europe. Her family is grown up and she lives with her husband. She is 52 years old and when she is asked what society expects middle aged women to look like she replies:

Aging. Aging. With the normal biological things that are going to happen. But still make the best out of it. So, go to the hairdresser. Get this gray done. *At what age do you think we permit women to have gray hair? To look not so young and not so thin, and not so…*Its not only looking well, but also that you can see you take care of yourself.

Patricia acknowledges the inevitability of aging but believes women age better by attending to their appearance and erasing signs of age such as gray hair. She also believes it is important for women to be seen by others as caring enough about themselves to go to the trouble of dying their hair. Most midlife women in this study, as participants of western culture, adhere to and accept and the societal expectation that women will take care of their appearance. They take pride in attending to their appearance and in taking the time and making the effort to attend to their bodies. It is assumed that women should take care of their appearance.

The relationship between grooming and feeling good about the body makes sense. Using cosmetics and getting hair done are manageable, relatively easy to accomplish behaviors (for women who have enough money to pay for cosmetics and hair cuts). Grooming products are readily accessible (again for those women who can afford them) and the effort is minimal with immediate payback. Women receive positive comments and are rewarded for fulfilling the societal expectation that they will adorn and take care of their bodies.

When one considers using makeup and buying clothing to enhance appearance, Wolzon (1998) suggests that the "soaking-up" of norms from the cultural life in which we participate, is an "inevitable and constitutive part of human life" and she argues that "there is nothing inherently pathological or irrational about women wanting to achieve a culturally valued appearance" (p.10). It is true that most women in this study report positive feelings toward their bodies when they attend to them by buying attractive clothing, or having their hair done and using makeup. This is not surprising given the societal support to do so.

Along with grooming, women in this study report feeling good about their bodies when they feel healthy or have a sense of well being and when they believe that their body is capable of doing what they require of it. Discussion of the importance of mobility and good health to body image in midlife follows.

Feeling mobile and healthy

Feeling healthy, maintaining mobility and having physical capacity and strength are important to body image in midlife and contribute to positive feelings women have toward their bodies. Cassie describes the importance of having a body capable of participating in challenging outdoor activities:

> *What are some of the influences in how you feel about your* body? I learned to swim when I was older. I'm learning how to roller blade this summer. I learned how to cross country ski... all sorts of activities that I had never done when I was young. So that's why I'm trying to think about them as activities to keep your body fit. I climbed up into Assininboine and that sense of accomplishment because I actually trained. Like I walked, and carried weights and tried. Worked really hard and did really well on the hike up. So that sense of accomplishment about my body has been really good for me. Just to say okay, my body works really well and it can take me places, and do things that are enjoyable.

For Cassie, it is important in the middle of her life to have a body that can " take her places" and "do things that are enjoyable." She acknowledges that only lately has she begun to consider her body in terms of what it can do as opposed to what it looks like. Cassie describes this change in attitude:

> So I look and think just be real Cassie. Just be realistic and be healthy and well and fit. And that's what I'm trying to focus on is be

healthy and well and fit, versus this body that's thrown at me all the time because I have struggled quite a bit. *Struggled in liking this body you've been given?* Yeah. But that's progressing. Very much. It is.

Cassie is re-interpreting her body image in midlife based on expectations of fitness instead of strictly appearance. Hannah provides another example of a midlife woman who values a well functioning body in midlife:

What do you think are the important factors that influence how you feel about your body? Partly when it starts to restrict my being able to do what I want to do. If I couldn't hike because I'm out of shape that would really bother me.

For Hannah, having a body that curtails mobility is not a good prospect and other women describe resisting diminished physical capacity as motivation to begin exercising in midlife. Nadine is a 58 year old woman who began exercising when she retired from a demanding teaching job where she felt she had indulged her body. For her, starting to exercise is related to health and mobility and not just to appearance as she explains:

So you weren't very concerned with the shape itself, the body itself, but more with the health consequences? Is that what you are telling me? More health consequences, yeah. And also, just physical activity…I couldn't move as fast as I had before.

In spite of losing very little weight, Nadine says that she feels better about her body because of exercise and increased muscle tone and firmness. Patricia believes exercise enhances emotional health and longevity as well as physical health. Witness her comments:

> *So you're telling me that it feels good to exercise. You're not exercising to lose weight. You're exercising because you enjoy it. Is that true?* Yes. Yes. It's good to lose weight also but that's not my first goal. If I didn't like it, I wouldn't go. *What is your first goal?* Oh, to feel healthy. To feel healthy in mind and in body...to keep my muscles a little bit running because I'm 52. I'd like to have a longer life and to do whatever I can do.

Other women in the study describe exercise as integral to well being in general. Gail is a 47year old schoolteacher who takes time to exercise daily. She is married with an 11 year old child and when Gail is asked what contributes to her satisfaction with her body she says:

> I think that it's probably related to exercise...If I run or exercise it just feels that my body is more alive, you know...as though the blood is flowing and even your skin on the surface is more alive... I've got more energy and my body is alive and I just feel happy about it. I mean it literally is not about weight as much as it is about just feeling good.

For Gail, feelings of health and well being generated through exercise are ends in themselves. Exercising makes her feel good in her skin.

While some women cite weight control as one of the benefits of exercise, it is not the primary reason given by many midlife women in this study. These women discuss excess weight in terms of how it influences their health and mobility and not just its influence on their appearance.

Excess weight: Harbinger of ill health

Many midlife women in this sample express concern about excess weight because of its influence on physical capacity and mobility. Excess weight is seen as a harbinger of ill health and maintaining lower weight is believed to contribute to health in general. Cassie explains:

> *How do you think people expect a woman of your age to look? To weigh?* I think why shouldn't I have the same kind of general weight at 40 or 50 or 60 than I did at 30 and 20? If it's important to me in terms of my body, in terms of my appearance, in terms of my strength and health, then I should work at that and not use age as an excuse. And I think that there is a tolerance as women age. *And you think that that shouldn't be tolerated?* Well, I'm having some problems with it, I guess, because health wise, I don't think it's actually good for us to ingest all those calories and pack them around. I just really don't. I'm not talking about maybe 25 pounds heavier. I'm talking about 80 or 100 pounds.

While Cassie describes the influence of excess weight on her health in general, Gail specifies its influence on her running ability:

> I also think that as a runner the less you weigh, even two or three pound lighter, makes running easier. I guess if you're training for a certain thing or if spring is coming and you think well I'm going to be running a bit more, then the tendency would be to lose three or four pounds because it's just three or four pounds you don't have to propel around the block.

Other women in this study are concerned with weight because of its influence on flexibility because of the type of work they do. Jill's capacity as a dance teacher depends on her body functioning well. When she is asked how gaining 50 pounds would affect her life she replies:

> Well, I probably would definitely stop doing flips. And the splits probably wouldn't happen for sure...it would have to happen very quickly and I would probably attack it right away. If for some reason I gained it, it wouldn't bother me.

The apparent contradiction in this statement represents the complexity of women's body image in midlife. Throughout Jill's interview, she frequently expresses that she values internal qualities of people. At the same time, she, describes how she needs to be flexible and fit to do the work she does as a dance teacher.

Other quantitative studies on body image reveal varying degrees of satisfaction and dissatisfaction based on how women perceive the shape

of their bodies (Thompson, 1999 et al). In this study, when women are asked open-ended questions about body image, they respond with dialogue about health, wellness and mobility along with concern for appearance, body shape and weight. The previous excerpts demonstrate that feelings of mobility and health are integral to midlife women and that a well functioning body is important to body image. This is not surprising. Exercising for health is a strong and pervasive message in our culture and has begun to generate results in reduced incidence of heart disease and enhanced mobility and strength in older people. While these are good health benefits, promoting this message at all costs and at all ages may be a double-edged sword. What happens when exercise does not deliver the goods? That is, when exercise does not lead to everlasting physical capacity and weight maintenance for some people. Common sense suggests that people cannot stay young forever nor is the body infinitely malleable. While many midlife women in this study are aware of the benefits of exercise most expect a return or "pay off" for the time and attention they give to their bodies through self-care. For those women who do not see return, there is some dissatisfaction.

The Rub of Reciprocity

Women in this study want and usually get a return for self-care. In the previous examples, Jill describes having a body that is able to work. Nadine and Patricia credit the self-care of exercise with maintaining mobility, health and muscle strength. Hannah and Cassie talk about

having bodies that take them where they want to go and Gail feels more alive and happy when she exercises. They are rewarded with positive feelings in return for what they do for their bodies. Betty provides a description of the reciprocal relationship with her body:

> I want to feel good in my body. I want to look good in my body and I want to look good in my clothes. I treat myself as well as I can and so I dedicate a fair amount of time to activities that keep me healthy and fit as possible.

The relationship women have with their bodies is not unlike other relationships that prosper from attention and nurturance as opposed to disinterest. Ignoring the body in midlife does not seem to enhance the relationship. For example, Theresa currently feels betrayed by her body after gaining weight with menopause and because she experiences undiagnosed generalized pain. When she was younger, she was happier with her body, and now, clearly she is not. She describes how she feels:

> I keep trying you know. If your body would at least cooperate and say, she's trying. Any kind of cooperation. It's not doing that.

While Theresa exercised in the past, she is not interested in doing anything for her body currently. And besides, her body hurts. In fact, returning to an earlier analogy, if she and her body were married, they might be considering divorce at this point. Separation from her body is impossible and so instead, Theresa ignores the body that houses her:

> I don't want to see it...I don't want to weigh it...I tell you...I don't

even want to make clothes for it...cause I don't like it.

Theresa is stuck in a bad relationship and her body has to change or how she thinks about her body or both have to change for her to regain a livable relationship with it. While some women do engage in self-care throughout their lives, other women find it difficult to intentionally take time for themselves. The following section describes midlife as a period when some women make significant life changes based on recognition of their need to care for themselves and their bodies.

Making time for self care

At the age of fifty eight, Nadine has left a long-term marriage and retired from a demanding job. Now she spends time on herself with daily exercise. When the interviewer asks whether children leaving home had anything to do with gaining weight, she replies:

> Absolutely. And eating more conveniently at different times. I mean, lunch disappeared for me when I took on the kind of job that I did...I never had lunch. It's part of giving to everybody else and their needs...

Nadine segues in this question to the demands of her job and her concern for others as being responsible for her weight gain in the first place. Devoting time for her own care now that she is retired and divorced instead of "giving to everybody else and their needs" is pronounced in Nadine's interview and she reacts strongly in midlife against taking care of others:

I don't want to look after anybody else in my life. I spent my time looking after folks in this life.... I enjoy my life. I'm busy. I feel so fulfilled...women always take care of people. At some point in life, you have to sort of set boundaries of how you respond to the needs of others and you say this is for me now. Not for other people.

Nadine looks forward to joining a fitness club in the winter so that she can continue exercising and she says she feels positive about her body because of enhanced mobility.

Betty is another woman who feels good about her body and has undergone a radical change in her life. She left her husband, returned to university, moved to a high-rise apartment from suburbia and now lives with the youngest of six grown children. She describes enhanced confidence in her body in midlife:

I gained more confidence in my body. And it's treated me really well. *I understand that ... you make a point of maintaining your wellness and that you nurture yourself or take care of yourself?* I was probably in my late 30s before I discovered that nemesis and I've always lived in these crowded houses, with lots of people, so when I left my husband and my children grew up it was just like coming to an oasis. Having the space and time for myself.

Still other women describe a change in midlife to believing that they are entitled to spend time and lavish attention on their bodies. Hannah, 47, is a widow who talks about having more time to take care of her body.

She is dissatisfied with her body as she ages due to weight gain but feels good about activities that make her feel healthy:

> *So being alone has permitted you to have more time to do that?* Yes. I don't know whether it's a replacement for other activities, but it certainly has been very beneficial…it's been very healthy. *In what sense do you see it being beneficial?* I just feel better and I'm in better shape and I don't have so many crinkles. I just feel better. I really do.

One of the passages that women experience in midlife is the development of healthy narcissism (Edelstein, 1999) or the evolution of a sense of individuation and entitlement. Some midlife women begin to feel that they are less controlled by other's demands and expectations. Nadine and Betty experienced a dramatic shift in standpoint in midlife and are emphatically determined to attend to themselves and their relationship with their bodies is better as a result. Nadine's body is currently the focus of her attention as she loses the weight she gained while she indulged her body. For Betty, the discovery of physical activity at age 40 has increased her pleasure in life and with her body," I gained more confidence in my body and it has treated me well " she says. For Hannah, becoming a widow afforded time to spend on herself. These midlife women are examples of women who have moved away from being the object of other people's desires and expectations to becoming the subject of their own

lives. One of the outcomes of this shift in attitude is an enhanced relationship with their bodies.

What is significant is not what motivates women to take care of their bodies but rather, that positive feelings emerge when women spend some time caring for their bodies. Some women engage in self-care to better fill their roles as a wife, mother or worker. Other women make changes in their lives to free themselves from responsibility for other people allowing them the time and energy to focus on themselves and still others such as Gail and Deanná incorporate self-care into the roles their current roles as wives, mothers, daughters and workers.

Feeling responsible for taking care of others to the point that women neglect themselves is a behavior that limits them from feeling good about their bodies. An important aspect of self-care is that for women to engage in it they must believe that they deserve the time and the effort to attend to themselves and to their bodies. Self-care is intentional behavior. The capacity of women to engage in self-care enhances positive feelings toward their bodies.These positive feelings may not only be the result of looking good after getting their hair done (although this socially sanctioned and rewarded behavior) and it may not even be the rush of endorphins that exercise brings (although there is no doubt that this makes women feel good). Rather, the 'healthy' aspect of self-care is that women are doing for themselves what they naturally do for others.

There is another paradox in this data. All of the self-care in the world will not stop the aging process. Women still have to deal with the reality of a changing body in midlife in spite of exercising, grooming. How do midlife women cope with the inevitability of these physical changes? Further findings suggest that some women work at changing their minds instead of their bodies in midlife allowing them to place less significance on their bodies. Many midlife women in this study provide a glimpse what they find to be ultimately valuable and enduring in their lives. The importance of relationships and valuing internal qualities instead of external image emerged from comments made by many women in this study. The following section discusses the importance of the shifting significance of the body in midlife.

Falling Away of the Importance of the Body

Midlife marks a time for some women when they re-interpret their body image and relax previously held standards for appearance. Some women participate less and less with the competitive spirit of a game they know too well. They begin to accept their bodies by putting body image in its place in midlife. Vicki, the woman in the sample who has perhaps struggled the most with body image provides insight into the capacity midlife women have to shift the focal point of their lives away from the body:

> There's also a part of my life and those are the places that I go to or when the other is too overwhelming. If I'm focusing on that, it's kind

of stepping back, and then what are the other parts in my life where I have meaning and [what are the], positive things happening? I believe everybody has these other places, but they need to be rather raised in value to offset. It's almost like a zoom lens has gone on to the issue of body size and the rest has gone, receded into the background.

Vicki is capable of putting the importance of body image in perspective (in spite of having a troubled relationship with her body). She insists that other aspects of her self are important and meaningful to her life.

Brenda, a 55 year old married, retired teacher is dissatisfied with 10 pounds she has gained and yet makes the following comment complete with the omnipresent tug of war between accepting and finding fault with her body:

Would you say that you feel generally satisfied right now? Yeah. I'd like to be thinner. Actually, when we get older, at least for myself, I guess I should speak for myself, not for everybody but I feel not as conscious of having a perfect figure.

While Brenda still has a critical eye, she is becoming more comfortable with her body and the importance of being physically perfect is declining. Cassie also acknowledges a shift in the importance of the perfect body in midlife. She says:

I like it a lot better. Even though I said I didn't like it all. I'd have to say that I do. I'm more reconciled perhaps. I tend to see things in packages versus ideals. I think as an adolescent we look at ideals.

Cassie describes the intentional work of changing her attitude to become more accepting of her body. Her interpretation of body image in midlife has evolved over time as she deliberately strives toward a more livable relationship. Now, in midlife, she is beginning to change her mind instead of her body which she previously subjected to diets, and excessive exercise. Cassie explains the intentional reshaping of her attitude:

> Part of it is choosing to look at it from a different point of view. Instead of bemoaning literally for 30 years that sometimes I get a pimple when I have my period...I'll just look at them and smile...trying to look at that kind of package view versus trying to be perfect. Being a little easier on myself.

Campbell (1991) describes one of the developmental tasks of midlife as acceptance of the falling away of the body. Campbell says that the problem in middle life, after the body has reached it's climax of power and is beginning to decline is to identify yourself not with the body, which is falling away, but with the consciousness of which it is a vehicle." He further asks, " What am I? Am I the bulb that carries the light, or am I the light of which the bulb is the vehicle?"

Irene captures the sentiment of several other women in the study who believe that the essence of a person is more important than external image. Irene believes that beauty is an internal quality sometimes expressed externally. She does not draw a line of demarcation separating the exterior from the interior. The interviewer says:

> *A lot of women are dissatisfied with their weight or dissatisfied about the way they look, the way they are. You seem to be very different. You are satisfied with the way you look. Do you have an explanation for the difference between how you feel and how most women feel?* And Irene replies: I like the quote on the board there (Irene gestures to a quote pinned up on a bulletin board): "What lies behind us and before us are tiny matters compared to what lies within us." I really think that I haven't just focused on external factors of life. I think, I believe what is on the outside comes from the inside, to some extent.

Irene is talking about embodiment as Van Manen (1998) describes it. He says that the " body and the mind are complex aspects of the indivisible being of a person as he or she exists in her world (p.15). Irene's comments are similar to Wolzen's (1998), who found that midlife women are able to draw upon "highly valued cultural narratives to define a meaningful and worthwhile existence apart from excessive or debilitating worry about appearance. They are able through their life course to discriminate what they felt were shallow and demeaning moral visions

such as endlessly striving for youth and beauty, from more deeply moving visions of human purpose " (p.10). Irene's explanation illustrates the embodiment of a harmonious relationship between the self and the body:

> I'm not the most attractive woman in the world but I think there is an attractiveness to the way I move and I notice movement in others. I'm particularly fascinated with people's walks. I notice countenance. *Countenance?* Yes, yes. That's also part of your body image, or your view of the way that you think of yourself? I notice these things. I notice them in others. They are also important to me. I think what's important to you, you often notice in others. So, I think that the inner person does come through in people. That's where the countenance part is...the center of it all...is the description of our spirit. Are we content? Are we loving spirits? Are we open spirits? Those kinds of things. People say that the eyes are the mirrors of the soul and so I don't think we fool that many people basically.

Summary of Findings

Findings from this study suggest that midlife women have relationships with their bodies that can change over time and in time. The capacity for having a positive relationship is inherent in understanding that body image is malleable and changeable. Body image is constructed over a woman's lifetime based on how she interprets and re-interprets life experiences. Interpretation of body image in midlife is partially based on

social comparison. Women compare themselves to media images of women (universal comparison) as well as to women known to them (particularistic comparison). Particularistic social comparison is a powerful influence over time.

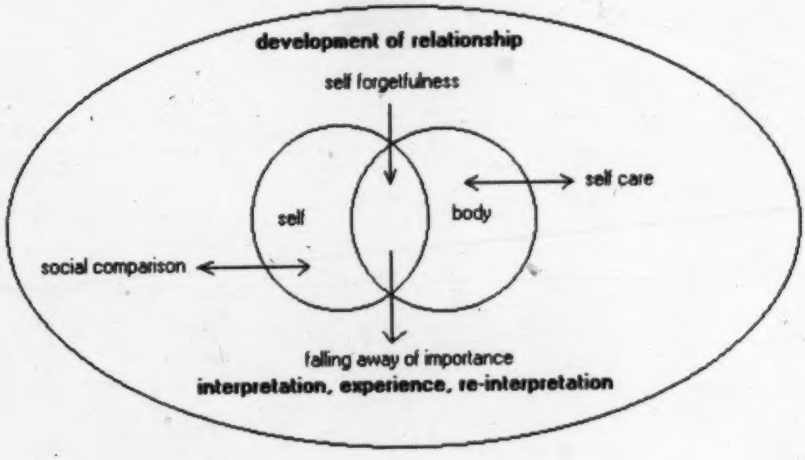
Midlife women strive towards agreeable relationships with their bodies and self-care, self-forgetfulness as well as cultivating an accepting attitude support harmonious relationships. Midlife marks a time when some women accept their bodies because of a shift to individuation and healthy narcissism (becoming the subject of their own lives instead of the object of other people's expectations and desires). Also, some midlife women find body image becomes less important as they grow older. They accept the falling away of the importance of the body and live in harmony with the bodies they have.

Chapter 5

Conclusions

The purpose of this study was to explore how women interpret their body image in midlife and to identify some of the strategies they use to maintain and strengthen positive body image. This chapter introduces a model that illustrates the study's major findings and relationships among concepts (Figure 1). Implications for practice and research are discussed below.

Figure 1. The nature of body image in midlife



Development of Relationship

Midlife women have relationships with their bodies that change over time and in time. These relationships continue to develop and transform in midlife through a process of interpretation, experience and re-interpretation. The finding

that body image is relational and malleable in nature has implications for health promotion practice and research.

A changeable relationship: Implications for research and practice

Because the relationship between the body and self does change, there is potential for health promotion programs to encourage positive change. If body image were an instransigent phenomenon, attempts to enhance women's positive feelings toward their bodies would be futile. Further research into women who have experienced change in body image would be helpful to add to understanding of mechanisms that shift interpretation of body image in more positive directions.

Social Comparison

Looking at the model, social comparison is placed within the oval and the arrow is directed toward the circle representing 'self' depicting its potential influence on the quality of the relationship between the self and the body. Midlife women compare themselves to fashion models (universal comparison) and to women they know (particularistic comparison) such as to their colleagues, sisters, mothers and friends.

While midlife women do compare themselves to media images, they also critically appraise advertising and attenuate the negative impact media messages can have on body image. Perhaps midlife women are able to do this because through a lifetime of experience, they have learned the purpose behind the advertising and because they cannot suspend their disbelief long enough to consider 15 to 20 year olds role

models for their appearance. Perhaps fashion models are just too young for midlife women to relate to in terms of their own appearance. This type of universal social comparison does not seem to have the impact on midlife body image that studies have shown it has on younger women.

Midlife women in this study use another type of social comparison called particularistic social comparison comparing themselves to women they know. This type of comparison, may have a more significant influence on body image in midlife than media images do. Perhaps this is because women who are friends, colleagues, sisters and mothers are real and believable. Midlife women relate to these women because they fall within the realm of possibility in terms of role models. They are believable because they are closer in age, or hold similar jobs, or have families and lives that are similar to the lives of the woman engaging in social comparison. Women in this study looked at women older than themselves when they were young girls perhaps realizing that aging occurs in only direction. They looked ahead to the women who came before them.

Social comparison can enhance or diminish positive feelings midlife women have about their bodies. Returning to the model and looking specifically at social comparison, an arrow pushes and pulls at the circle which represents the self. This arrow illustrates the tension that social comparison exerts on women tending to both pull them away from and push them toward a state of self forgetfulness (harmony between the body and self). When women compare themselves to other women and find

themselves more attractive, they may be less concerned with their body and temporarily move closer to self forgetfulness. The problem is that when comparison favors other woman, they may become concerned about their body and appearance and once more move away from self forgetfulness. As long as women engage in social comparison, feeling good about one's body becomes difficult. There will always be other women who appear to be doing better in terms of culturally determined standards for beauty. This finding has implications for research and practice.

Social comparison: implications for practice

If midlife women are able to discount media images of young fashion models because they understand the intention behind the messages and because they do not identify with the models, then it is helpful to apply this knowledge to younger women. Instead of waiting for another generation to reach the age where marketing messages are less influential (in part because older women are targeted less), it is possible to attenuate the impact of these messages for the younger generation.

Reaching young women and men at a community level by integrating media awareness programs into the existing language arts or communication curricula at school may raise awareness and understanding of advertising techniques. Teenagers, like most people do not like to be manipulated. Increasing their awareness that advertising for cosmetics is an attempt to dupe them in to thinking that buying these

products, will make them look more glamorous (which is not unlike the approach taken by tobacco companies) may inspire some anger and resistance to these techniques.

Health professionals should partner with schools to ensure inclusion of body image as part of curricula. Also, working with the school community to mobilize students, teachers and concerned parents to take social action can lead to increased awareness in the community as a whole.

Social comparison: implications for research

At the level of the individual, the impact of particularistic social comparison on body image should be explored to determine its influence on the body image of younger women as well as midlife women.

At the level of the community, participatory action research should be implemented to discover techniques that effectively raise awareness of body image issues and mobilize communities to take action against structurally embedded prejudices and practices.

Self Care

Because women compare themselves to other women they hold standards for their own appearance and some engage in self care activities such as grooming and fitness as a means of meeting these standards. Other midlife women devote a certain amount of care and attention to their bodies and as a result , feel better about themselves and

their bodies because of the time they spend and because of positive physical effects from exercising such as enhanced mobility.

Returning again to the model of body image, self care is opposite social comparison in the model and situated beside the sphere representing the body. While self care and social comparison are on opposite sides of the model they alike in that they have the tendency to both pull women away and to push them toward a state of self forgetfulness. That is, some women attribute self care as being responsible for their ability to forget about their bodies, while others who engage in strenuous and frequent activity of other cosmetic support (such as surgery) tend to be thoughtful, concerned and absorbed with their bodies. This is the opposite of self forgetful.

There is some potential for difficulty for women who devote a great deal of time and thought to self care when natural aging, illness or disability interferes with their ability to maintain the level of self care they are used to. If satisfaction with their body depends on how they look or on how the body functions as a result of extreme self care, the body cannot help but disappoint the woman as she ages, becomes ill or is injured. This finding has implications for practice and research.

Self care: implications for practice

Body image was not defined for women in this study. Rather, women were encouraged to talk about aspects of body image that were important to them. As a result, descriptions of health and well being

emerged and some women engaged in self care to enhance these feelings. Women described the importance of feeling healthy and having bodies capable of doing what they wanted them to do in their daily lives. It is interesting to note that the description of what women want from their bodies is similar to the definition of health provided by the World Health Organization. WHO defines health as a resource for living and women in this study describe wanting bodies that allow them to live their lives. These ideas are not dissimilar.

Health advice given to women by practitioners often includes prescriptions for healthy eating, with set exercise patterns, and an acceptable body mass index to evaluate fatness. Then, achievement of the goals set for these programs is assessed through measurement of these various parameters. And yet, midlife women in this study describe wanting bodies that allow them to live their lives. Few describe wanting a certain type of body so that they have a specific body mass index even when they express concern about being a certain size and shape. Instead, they describe wanting bodies that allow them to do what they want to do in life and they may or may not need a 'program' for this. The rubber stamp approach sometimes taken by professionals in fitness, health and nutrition industries does not always consider the unique lives women lead in unique bodies. That is, the context of women's lives with differences in amounts of time, diverse responsibilities, interests, abilities and desires is not always considered. The standard approach taken to advise women

about the optimum amount and type of activity replicates the approach taken by advertisers that there is an ideal body size and shape by suggesting that there are ideal fitness, diet and weight programs with ideal outcomes.

When counseling individual women and developing nutritional and exercise programs, health practitioners would do well to consider the context of woman's lives. Exercise and nutrition recommendations based on an approach of "one size fits all' disregards the variability of genetic endowment and the range of abilities interests, goals and values that exist in diverse populations of women.

Self care: Implications for research

Previous research about body image indicates that estimation of body size and shape comprise body image. In this study, when women are asked open ended questions about body image, they respond with dialogue about health, wellness and mobility along with concern for appearance, body shape and weight. This finding indicates that feelings of mobility and health are integral to body image and further research exploring how women define body image in their own terms is required.

Falling Away of the Importance of the Body

Midlife is a time when a shift in attitude occurs for some women so that they relax previously held standards for appearance and the body becomes less important. The idea that the importance of the body falls away is depicted in the center of the model along with self forgetfulness

because both occur when the body becomes less important and other aspects of the self are raised in value.

Falling away: Implications for practice and research

Current health promotion programs for healthy body image are designed from research done on body image in young women. Findings from this study indicate that the development of healthy narcissism, individuation and falling away of the importance of the body that occurs as part of midlife development influence women's interpretation of body image. Past research has not considered developmental influences that may underpin and strongly influence how body image is interpreted at different ages. Interventions ought to be nested in an understanding of the developmental stages of life and further research into the interplay between development and interpretation of body image needs to occur in order that appropriate health promotions strategies are utilized in intervention programs.

Self forgetfulness

Women in this study experience self forgetfulness when body and self are integrated in an unencumbered and harmonious relationship. Self forgetfulness is central to the model and to promoting healthy body image. This is not to say that the goal of health promotion practice and research for body image is to assist women in achieving a constant state of self forgetfulness. Rather, Van Manen (1998) suggests that all people are challenged to develop livable relationships with their bodies and that it is

probably impossible to achieve lasting wholeness and harmonious integration so that body and self are truly reconciled. It is more likely, as women in this study can attest, that we are engaged with questioning at different times and to different degrees with finding ways of living in contextually appropriate relations with the body throughout the course of our lives. Health professionals, by virtue of their work, are often involved with helping individuals recover a livable relation with their body who, for reason of circumstance, are out of step with their bodies.

Summary

This study has provided a glimmer of hope by catching a glimpse of capacity and strength. Midlife women in this study have shown that they are critically reflective of the society that constructs the expectations that they have of their bodies and despite enormous social pressure, show incredible strength. As health professionals and researchers, we have participated in keeping the focus on the body and future research efforts should expand beyond the body and encompass other ways women in midlife realize and act upon their strength and capacity.

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Women and Body-Image

We look forward to hearing from you !

You are invited to take part in a research project...

492-3989

Women and Body Image

What is this research project all about?

We are interested in learning about women's experiences with weight changes, body changes, and lifestyle habits.

Who is conducting the research?

Researchers from the University of Alberta in the Department of Agriculture, Food and Nutritional Sciences and in the Centre for Health Promotion Studies.

How can I help?

Women who take part in this study will be asked about the changes they have experienced in their weigh, in their body, and in their health.

Why is the project important?

The goal of this project is to better understand women's experiences with their bodies. The information will be used to develop health programs to improve women's body image.

What is in it for me?

You will feel good about providing information that will help other women. You will have a chance to talk about weight and body issues you have encountered in your life.

Who can join the research project?

We are looking for women between 20 and 60 years of age, who live in Edmonton and the surrounding cities.

If you are interested in learning more about this project or becoming a participant call:
Marie-Claude at 492-3989

Are you heavy and feel good about your body?

We are interested in talking to you! We are doing a study focusing on women's experiences with weight changes, body changes and lifestyle habits.

We are looking for women between 20 and 60 years of age who are heavy and have a positive attitude towards their bodies.

Appendix C: Telephone screening questionnaire

Name:_____

Telephone number:_____

Recruitment site:_____

A) Can I ask you a few questions to make sure you are eligible to participate in this study? (verbal consent)

B) Are you between 20 and 60 years old?

Yes ☐ No ☐ (go to refusal)

C) Are you pregnant or have a child under the age of one?

Yes ☐ (go to refusal) No ☐

D) 1. Do you have an eating disorder like anorexia or bulimia?

2. Have you suffered or are you presently suffering from a serious medical condition? (breast cancer, mastectomy, diabetes, amputation, paralysis from a stroke?)

3.Do you believe you have a disability that influences your body image?

E) Do you consider yourself to be overweight, of normal weight, or underweight?

Over weight ☐ Normal ☐ Underweight ☐

F) How do you feel about your body weight?

Positive ☐ Negative ☐ Not clear ☐

Refusal note: We greatly appreciate your interest in this research project but unfortunately at this time we are looking for women who (reason rejected). Would you like us to keep your name and number on file for potential future research projects?

Thank you very much!

Appendix D: Consent Form

Title of research project: Nutrition Education for Social Change:

Women and Body-Image

Investigators: Dr. Kim Raine-Travers, 492-7584

Dr. Marie-Claude Paquette, 492-3989

INFORMATION SHEET

Purpose of the Research:

We are interested in understanding your experiences with your weight and body changes, this includes your experiences with any lifestyle changes in diet, exercise and smoking and any health changes you have experienced in the last few years. We are also interested in understanding how women's views of their bodies change as they age and what you believe society expects women's bodies to look like at different ages.

Procedures:

The interviewer agrees to:

- Call you to arrange appointments for two individual interview sessions that will be scheduled at times and places that are convenient for you. Each interview will last about 1 - 1½ hours.
- Conduct two individual, tape-recorded, interview sessions with you, turn off the tape recorder any time you request it, and honour your wishes to

decline to answer any question.

- Keep your identity confidential. We may use quotes from your interviews but you will not be identified. All tapes will be erased after they have been typed, and your name will be changed to a code name in all interview materials and transcripts. The transcripts will be saved for research purposes only.
- Provide a summary of the results of the project to you if you wish to receive one.

You as the interview participant agree to:

- Participate in two individual tape-recorded interviews about your experiences of body image, health and life-style.
- Call the interviewer to reschedule an interview if you are unable to keep an appointment, Marie-Claude Paquette at 492-3989

Possible Discomforts with Participation:

You may experience some inconvenience associated with the time involved for interviews (~2-3 hours). It is possible you may be uncomfortable with some of what you learn about yourself and your body image through the interview process. If you are uncomfortable and feel you need assistance, the Eating Disorder Education Association (EDEO) has compiled a list of professionals in the Edmonton area who work with eating disorders. The EDEO

can be contacted at 944-2864, and they can help you find a professional who meets your needs.

Possible Benefits:

This research will be useful for health care providers to better understand and respond to the needs of women. It may also be useful for you and other women in increasing awareness and acceptance of a range of body sizes

CONSENT:

I acknowledge that the research procedures described on the Information Sheet (above) and of which I have a copy have been explained to me, and that any questions that I have asked been answered to my satisfaction. In addition, I know that I may contact the person designated on this form, if I have further questions either now or in the future. I understand that I may not personally benefit, but by joining the research study, others may benefit. I understand the possible risks and discomforts. I have been assured that personal records relating to this study will be kept confidential. I understand that I am free to withdraw from the study at any time without jeopardy to myself.

_____

(Name)

You can contact Dr. Kim Raine-Travers, 492-7584 about this research.

Appendix E: Interview Guide

Interview 1

Introductory statement:

As you know, I am mostly interested in learning more about how you feel about your body in general and your body weight. However, some questions deal with issues that are larger than this focus on the body because I am interested in your experiences as a woman living in our modern society.

1-Women play many roles in life. For example, they may be mothers, workers, wives, students, volunteers, friends and daughters. Could you describe for me the different roles that you play right now in your life?

Can you tell me more about each role?

How have your roles been changing?

(Probe for changes in number, importance, and type of roles)

2-How would you describe yourself?

(if subject does not talk about body or body weight go on to next question)

3-How do you feel about your body in general?

About your present weight?

How do you know/judge if you are over weight, underweight or just ok?

Does anything make you feel bad about your size and weight?

When did you start feeling this way? (probe for events)

Does anything make you feel good about your size and weight?

When did you start feeling this way? (probe for events)

4- I am really interested in understanding why you feel this way about your body. (good for people with positive BI)

5- How do others influence the way you feel about your body?

Your family, friends, co-workers, your intimate relationships?

6-Do you receive any messages (pressure or support) from important people in your life in regards to your body?

How do they pressure or support you?

Why do you think they are concerned?

How do you react to their comments and concerns?

7-Can you tell me of an experience where your body, body weight and appearance influenced your everyday life,

8-What messages do people in your family give you about your body?

-do other women?

-do men?

9-What messages does the media, the fashion industry (magazine and television) and the cosmetic industry give you about your weight (your body)?

ask one by one with probes

10-What messages the medical community and health professionals give you about your weight (your body?)?

11. Do you have anything to add?

Interview 2

Introductory statement:

(Say that 2 parts to last interview, summary of first interview, to make sure understanding is correct and then second interview)

Body image trajectory

12-How has the way you feel about your body weight changed since you were an adolescent?

(events occurred that prompted a change in the way you feel about your body in general?

events occurred that prompted a change in the way you feel about your body weight?)

Probe: Dieting and exercising changes at the same time

Related to weight issues: body weight, waist size, figure or shape (distribution of fat)...?

Not related to weight issues: changes in hair, skin, wrinkles

When did you start noticing the change in X?

How do you feel about these changes?

Can you tell me a story or an experience that made you realize things were changing?

13-How has the way your changing feelings towards your body throughout the years influenced?

-the way you eat

-the amount of activity/physical activity/ exercise

Probe: How has physical activity influenced the way you feel about your body?

-your smoking habits

-your drinking habits,

-the things you do for yourself?

<u>Hypothetical situations</u>

14-What do you think people expect a women of your age to look like?

How would you like to look?

15- If you could change one thing about your body what would it be?

16A- If you gained 20 pounds, how would it affect your life?

16B- If you gained 50 pounds, how would it affect your life?

17- If you lost 20 pounds, how would it affect your life?

18- What do you think people (society) expect younger and older women bodies to look like :

(*give situation prompts)

Young women: women in their 20's (young women in university studies., or not?)

How does it change with ageing?

At what age do you people's expectations start changing?

women in their 30's (women with small children)

women in their 40's (women with older children, working career women, life reorganization)

women in their 50's (women experiencing the changes of menopause, becoming grandmother, children leaving home)

women in their 60 's (women getting ready for retirement)

women in their 70's (older women)

Probe: How are men's expectations are different than society's?

19-How important are men's and society's expectations to you?

Wrap-up using the time line

20- Have any events occurred that prompted a change in your lifestyle habits (eating practices, exercising, smoking, drinking, using drugs prescription or not)

21- Ask for general occurrence and TIMING of life events with prompt, relate them to body image and lifestyle practices (not clear yet!):

Menarche

Pregnancy

Menopause

Surgeries

Important health problems/health scares

Marriage

Separation

Divorce

Death of a loved one

Sexual harassment, violence, abuse physical and other

21-Would you like to add anything?

Demographic information:

-children: number, age, living at home

-partner: separated, divorced, married, widowed, living in "marriage-like" relationship

-work

-education level

-age of woman